

Veterinary Client Mediation Service

S . . .
 . . .
 .

Insight

Complaint Types

The VCMS records the complaint circumstances as a main 'nature of complaint' and then a sub-category which provides further detail. The categorisation is based on the information presented by the animal owner. In complaints progressing to full mediation, the VCMS will seek to recategorise so we can share insight on the root cause of the complaint and the escalation.

Fig. 6: Complaint Nature



Nature of Complaint	2020-21	2019-20	Variance (=/-)
Standard of care	2,535 (64%)	1,891 (57%)	7%
Customer service	916 (23%)	708 (21%)	2%
Clinical fees	348 (9%)	341 (10%)	-2%
Other	87 (2%)	146 (4%)	-2%
COVID-19	31 (1%)	75 (2%)	-1%
Products	26 (1%)	29 (1%)	0%
Unknown	20 (1%)	122 (4%)	-3%

Sub-Categories

1. Standard of care - unexpected outcome = 545

(2019-20: 208, +38%, 4th)

2. Standard of care - diagnostic pathway (not enough done) = 464

(2019-20: 382, +21%, 1st)

3. Customer service - communication/consent discussion = 430

(2019-20: 349, +23%, 3rd)

4. Standard of care - diagnosis was incorrect = 370

(2019-20: 369, =, 2nd)

5. Standard of care - delay in diagnosing = 236

(2019-20: 179, +32%, 5th)

Complaints concerning diagnosis (where an animal owner believes the diagnostic pathway to be too slow, result in an incorrect diagnosis or where not enough was done) account for almost 25% of all enquiries. This is not surprising given the diagnosis element is fundamental to the delivery of veterinary care.

During 2020/21, the VCMS received a higher number of enquiries relating to complaints where the owner felt the outcome was unexpected and they were dissatisfied with how this situation had been handled. Complaints of this nature increased by 38% (against an activity increase of 25%), becoming the most frequent complaint enquiry received across the service.

This is not a surprise when communication took place within COVID restrictions and at a social distance. Within complaint, both parties shared their experiences with:

- » Consults more disjointed as information was taken from the owner ahead of the examination, and then diagnosis and treatment pathways discussed when the animal was returned to the owner
- » The loss of subliminal and subtle communication through body language and other cues which meant worries or uncertainties were not identified and addressed at the time of the consult
- » Some owners indicating they felt less involved, informed and engaged in the decision making process, so therefore less prepared if complications arose or outcomes were not as expected.

In essence, these complaints are often rooted in communication challenges, rather than clinical errors or omissions which result in a less than optimal outcome.

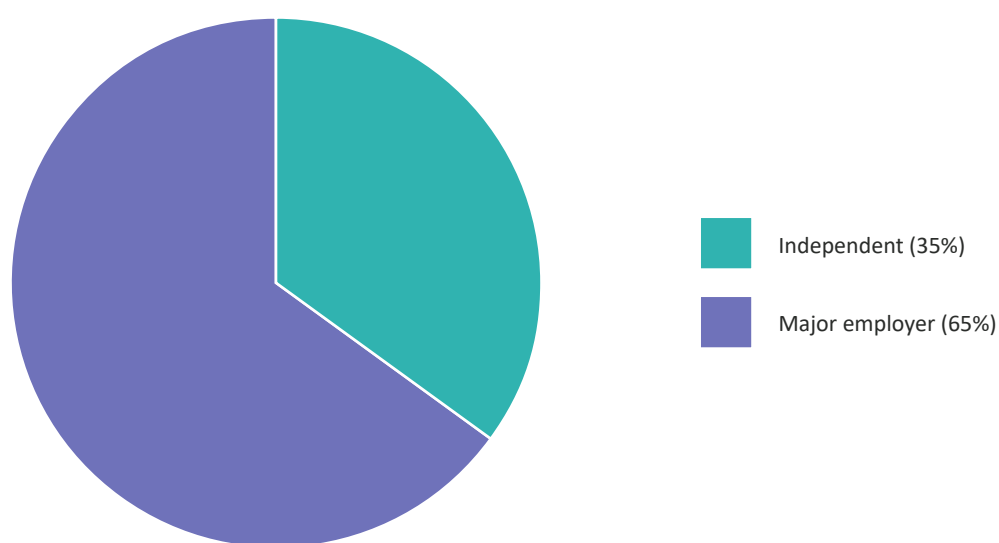
In 2019-20 the VCMS analysed the re-category of the complaint circumstances after the mediation had concluded. This detailed analysis has not been repeated this year but qualitative insight indicates the clinical complaints would be re-categorised as communication.'

By Business

The VCMS records whether the practice involved in a complaint is independent or forms part of a group, whether as a corporate branch, franchise or joint venture entity. This enables analysis of any variation in complaint types and outcomes based on practice type.

The proportion of complaints from the independent or major employers reflects current estimates of market share.

Fig. 7: Nature of Complaint by Business Type



There are no significant variations in the type of complaints received from practice types.

There is a slightly higher proportion of complaints involving an independent practice, presented as relating to concerns about the standard of care received (68% compared to 64% across the sector),

A practice within a major employer group is more likely to have a two-stage local complaint process (i.e., within the practice, and then with an area or central team). The VCMS data shows that the proportion of complaints in this group seeking early support and return to the practice for local resolution is lower than the service total (61% compared with 65% across the VCMS).

Outcome	Independent	Major Employer
Out of remit	3%	2%
Supporting local resolution - early VCMS input	63%	61%
Mediation not considered suitable by one party	14%	14%
Complaint resolved	14%	16%
Complaint remains unresolved	6%	7%

VCMS service wider data includes practices where the ownership or business structure is unknown or in a small number of enquiries handled at an early stage, where the practice details are unknown. This can cause some slight variation between the Independent or Major Employer data and the service wide data set out in the earlier data tables.

Complainant Demographics

The VCMS captures equality and diversity data anonymously to monitor accessibility and use of the service. Analysis compares the demographics of service users who provide EDI data, against the general UK population. This may not be an accurate comparison as the general pet owning population may differ to the general UK population. It does however give a marker for comparison.

Data is supplied in **Appendix 3**.

When analysing the data it is noted:

- » Over 65's are under represented as a service user group. This must be seen in the context of the EDI data is being captured digitally. Very few service users will return the paper EDI form and therefore use of a digital platform may inadvertently distort the responses.
- » 74% of service users providing EDI data are female, which far exceeds the 51% of the general UK population.
- » 15% of service users providing EDI data considered themselves to have a disability, which is lower than the proportion of the general population (22%).
- » 5% of service users providing EDI were Lesbian, Gay or Bisexual, which is higher than the proportion of the general population in this group.
- » A higher proportion of responders lived in a civil partnership or were married, in comparison with the general population.
- » In terms of ethnicity and religion, the service users responding to the request for EDI do not represent the general population particularly in terms of veterinary clients from the Black, Asian and Muslim communities.

The VCMS will explore these variations further to understand whether they relate to accessibility of the service, pet ownership or other factors.

The mediation process approaches a complaint as a practice-based issue and is not linked to a specific individual veterinary professional. As such, individual EDI data is not requested from the practice team.

Outcome by Type of Complaint

Supporting Local Resolution

We have analysed the outcome stage of VCMS enquiries, in relation to the nature of the complaint.



Complaints relating to customer service, COVID-19 specific issues and product issues are more likely to be referred to the VCMS before the local complaint process has been exhausted. When reviewing the circumstances of these complaints, they are more likely to involve communication issues or relationship breakdown and may seek to refer to or involve a third party at an earlier stage.

Engagement

Within **Section: Outcomes and Output**, we have shared analysis of party engagement.

Mediation

The VCMS overall resolution rate for mediations conducted in 2020-21 was 71%.



Complaints relating to clinical fees (85% resulting in resolution) and customer service-related issues (77%) were more likely to be resolved through mediation.

In the following complaint circumstances, the resolution rate was above service-wide rate of 71%:

- » Concerns about clinical decisions made around discharge
- » Elective surgery complications
- » Euthanasia
- » Out of hours
- » Standards of clinical care and advice relating to explaining treatment options, risk assessments, and ensuring consent was informed
- » Unexpected outcome of dental surgery
- » Customer care in terms of weight/importance placed on owner's views or feelings
- » Complaints arising as the animal owner felt the practice lacked empathy
- » Fees – exceeding estimates and charging error
- » An owner considering the fees charged to be excessive (no other clinical or specific non-fee related communication issues).

The complaint scenarios where the resolution rate was slightly below the VCMS overall rate:

- » Wrong diagnosis
- » Insufficient diagnostic pathway
- » Surgery and recovery complication
- » Lack of updates provided to an owner
- » End of life care
- » Insurance-related issues
- » Medication charges


The analysis is based on data contained in **Appendix 2**.

COVID-Related Insight

The majority of COVID-19 complaints were handled by the VCMS at the early stage (support for local resolution, 74%), and practices involved in these complaints were more likely to engage (only 3% not opting to engage).

The 'COVID-19' factor was a contributing element in most complaints.

In terms of the post-pandemic world, insight from animal owners suggests that interactions can be strengthened where practices are able to bring attention to their latest processes and procedures to highlight why these changes were made. Given the increase in pet ownership, a greater proportion of clients will be new to the practice, to any veterinary practice, or they may not have attended for some time.



Qualitative Insight – from Resolution Managers

When reflecting on the last year, VCMS data shows the number of mediations conducted rose by a third. In itself, the data cannot confirm whether this represents an increased use of the VCMS service in ongoing complaints or whether it reflects an increase in client/practice conflict across the sector. From a helicopter and anecdotal perspective, we have seen significant changes over the past 24 months which include:

- » Uncertainty of the post-pandemic world
- » An increase in pet ownership
- » Practice capacity issues linked to pet population increase and workforce pressures from team illness or isolation, and difficulty in filling vacancies within practices
- » Continuation of the challenge posed by the transfer of ownership of a practice. Managing client relationships, perceptions and expectations when a practice change hands or joins a group entity has to be carefully managed. Whether reality or perception, the change can impact on how a client feels and the levels of trust. This can be either a positive or negative impact. The VCMS will obviously see where the client perception has been negatively impacted and the fall out from this.

These have coincided to increase the pressures on the client/practice relationship. The increase in complaint numbers may not reflect an increase in complaints or disputes as a proportion of all client/practice interactions across the UK between November 2020 and October 2021.

Mediation feedback indicated that there is likely to have been less opportunity for resolution at an early stage as a consequence of the above challenges. This is reflected by the increase in enquiries handled in the first phase of the VCMS process – supporting local resolution.

VCMS Resolution Managers have also shared their reflections that there continues to be a greater prevalence of entrenched and highly emotional responses and it remains a challenge to help the parties to see the complaint through the perspective of the other party.



VCMS mediation case studies can be found in **Appendix 5**.

Insight on the Most Common Complaint Scenarios Referred to the VCMS in 2020-21

Complaints Involving Complications (Surgery and Recovery)

When mediating complaints involving complications, these generally involve an unexpected outcome. As such, time is often spent exploring the consent and risk discussion. Where a client feels they did not have all the information, did not have the time to fully consider, or feel the consent discussion was a brief form filling exercise, there may be dissatisfaction linked to a feeling they may consider the outcome to be unexpected. They may also feel that an unexpected outcome is linked to the standard of care, rather than known complications. The key factor is client engagement in the decision, which enables the animal owner to make an informed assessment of the outcome based on confidence in the decision made.

Determining whether expectations are reasonable or unreasonable will not reduce the resulting stress for clients or veterinary professionals. It is, however, useful when considering how to approach a complaint situation and minimise escalation. A positive and constructive approach is to consider how to



best inform and empower clients to understand what is happening, when it is likely to happen, how to make decisions, and how to be better prepared for what will/may come next.

Complaint mediation suggests that where dialogue can flow and when clients feel able to ask questions, it is more likely that clients will have far more achievable expectations and the practice team will feel more confident that these can be met or even exceeded.


Human Factors

With the pressures faced in practice, it is inevitable that incidents will occur through human factors. Within the complaints referred to the VCMS we have seen periodic increases in the following

- » Medication dispensing/instructions
- » Dosage errors – for example dispenses medication and chemotherapy

Within the mediations of these complaints, the discussion has frequently centred around situations where either:

- » No harm has been caused, and the animal owner has been concerned about the 'what if'. The owner may have been seeking a remedy to reflect the anxiety whilst waiting for confirmation or caused by the potential harm that they feel could have been sustained by their pet; or
- » The practice has explained that the animal's current condition or symptoms are not impacted or exacerbated by the incident. In this scenario, the animal owner may not accept the explanation provided by the practice. Alternatively, they may feel their concerns have not been taken seriously.




Though not unique to 2021, complaints involving dosage issues can be highly emotive due to their potentially significant consequences and the 'what if' feeling experienced by the client. With practice teams under pressure, whether through staff shortages and recruitment problems, illness, or the impact of COVID-19 self-isolation, the risk of mistakes when administering or dispensing dosages is a live one.



Animal owners have an expectation that medication errors should not occur and, reasonably, can fear that harm has been caused. For practice teams, the implications vary. At one end of the scale, there are situations where a client believes there has been an incident, but no actual overdose or no risk of harm has occurred. In these scenarios, re-establishing client trust is the key first step to help the animal owner to hear the explanation provided by the practice. Once this had been accomplished, the mediations focused on exploring the causal factors, quality improvement implemented by the practice and where possible providing reassurance to the owner.

Communication and COVID-19 Impact

While practices will be acutely aware of all the changes that have taken place in the veterinary sector over the past year and a half, clients may not be as familiar with what 'the new normal' looks like for veterinary practices. Naturally, this presents a problem as many clients expect to receive care in the same way they did pre-pandemic.




Practice feedback indicates that many feel that has been harder to meet client expectations during the pandemic. One example is the way in which social distancing measures meant that clients were not always able to attend the full examination of their pet, which increased anxiety for many owners. This






was coupled with the loss of other services that clients have become used to and which were expected as part of 'the norm' or even seen as necessary. These assumptions create the potential for a dispute to arise from unmet expectations.

The need to maintain social distance throughout 2020-21 impacted on communication. Some practices were unable to allow animal owners into the consult room or even the practice building. This meant consults and examinations were distinct phases of the interaction. From insight captured during mediations, this altered communication between the practice team and animal owners by:

- » Distance itself meaning the owners and practice teams were unable to connect in a familiar way. This can increase the level of anxiety or uncertainty felt by an owner, particularly when they had to hand their pet to a member of the practice team for them to take the animal into the practice for the examination. Wait times, less opportunity to interact with the support team in the practice and waiting outside during the consult were factors which owners felt caused them greater distress, affected how they shared the information with the veterinary professionals and how they took on board the information and guidance from the veterinary professional.
 - » COVID-19 PPE was vital, but anecdotally we understand it did hamper the connection between the animal owner and the practice team. With 93% of communication impact from body language and tone, face coverings worn by animal owners and full PPE that was vital to keep the practice team safe did impact how information was conveyed, how it was understood, and the ability to pick up on subtle clues or concerns that may not have been expressly articulated. This has been described as 'losing the golden nugget', i.e. a key piece of information or observation made by the owner which makes a real difference to the diagnosis or treatment plan. If an owner was not present during the examination, there was less opportunity to speak in a more casual manner which may encourage or allow that information to be shared during the examination or as the owner is about to leave the consult room. When all the relevant information must be captured in the pre-examination discussion, this was more likely to feel rushed and owners concerned that they did not get the chance to convey all the information, the vet did not fully appreciate the importance of certain aspects and they spent less time in each other's presence to build trust.
 - » It has been harder for practices to create the space and opportunity to address concerns quickly and contemporaneously. It has also been more difficult to respond to the complaint within the client's expected timeframe. Then, when the practice did have the opportunity to review the complaint, they faced a client less willing to listen and who may have responded in a less measured and fair way.
 - » Without the ability to fully interact, the risk that a comment made, or an explanation given could be received by the animal owner in a negative way did appear to increase. The principle of 'impact felt vs impact intended' was a factor explored in mediations, and critical in helping each party to start to understand the situation from the other's perspective.
 - » This also appeared to impact on the opportunity to query information regarding likely cost, or to fully understand what an estimate included. Some practices implemented the policy of providing the written consent form in advance of the animal's admission, but this will not be possible in emergency situations. This allowed owners to consider the information, and at the admission, would feel more comfortable and able to ask questions of those members of the practice team
- 
- 
- 



who were present.


- » During the year, the sector (and the country) experienced high pressure points. One example was the 'pingdemic' in June-August 2021 when practices were heavily impacted by the requirement to isolate which resulted in practice operating with reduced capacity or with only part of the team in situ. Practices explained that prioritising became key, and this meant some aspects of client communication and interaction could not be fulfilled to the standard a practice would ordinarily deliver. An example may be returning phone calls promptly in situations not considered to be an emergency or complaint acknowledgement and response.
- » During the last year, we also noticed that altered team roles or dynamics may have played a part in escalating or protracting a complaint. This could be due to a member of the team leaving, furloughed (less prevalent in 2020-21) or unwell, and their responsibility for complaint handling being passed to another member of the practice team. In other situations, staff were redeployed into clinical roles, which had to become the focus and priority. This meant that the approach taken by a practice may differ compared with their pre-pandemic process.
- » The restrictions imposed affected communication in a unique way and brought about an additional pressure to the complaint process. Specifically, there were a number of cases which escalated and became increasingly contentious because of the time taken to respond. Wider COVID pressures also made complaint handling at a local level more complex as a result of unavailable staff, team shift rotations and the fatigue within the practice team.
- » The VCMS has also seen an increase in complaints referred for mediation where a complaint had been raised, but a response had not been received. In addition, the difficulty of vet and pet owners meeting to discuss owner worries or dissatisfaction early has contributed to complaints escalating earlier and a greater number of clients contacting the VCMS to assist with their complaint.





Candour - Perceptions vs Realities

In some of the most contentious and complex complaints, the mediation had to resolve conflict based on strongly held views by an animal owner that an error or a lack of skill by the veterinary professional caused a less than satisfactory outcome of a procedure or treatment. There will be complaint situations where human factors have resulted in an unexpected outcome. There are also situations involving a biological response which is one of the possible outcomes or a developing diagnosis which accounts for an outcome which was disappointing or unexpected.

These complaint situations are challenging for both parties. The animal owner can feel the veterinary professionals are not being candid. The veterinary professional can feel disappointed at the outcome, but also by the owner's response and blamed for the outcome despite delivering appropriate veterinary care. If the animal owner pursues this, they would need to embark on civil legal proceedings and have independent veterinary expert opinion to support their argument that an error occurred and amounted to negligence. When an owner is convinced an error has occurred defensive responses can further persuade them that their opinion is correct, and that the practice is not being open. Where the owner then seeks independent veterinary opinion, this will either support their opinion or indicate that the veterinary care was, in the expert's opinion, not negligent. This can result in the owner becoming further frustrated and losing trust across the profession.





Mediation insight suggests the complaint trigger is often traced back to the consent discussion and the owner feeling prepared and fully engaged in the decision. During the consent or admission conversations, worries are explicitly expressed or implied. Owners can feel they did express concerns, but these were overlooked or ignored. In contrast, the practice can share with the Resolution Manager that they obtained consent, the owner was happy to proceed, and this is a known risk. If the owner feels truly brought into the decision and has information about the post treatment possibilities, then when complications arise there is less scope for the owner to conclude these were caused by poor care, lack of skill, or erroneous advice. When explaining matters after the event, it is challenging to provide the explanation without it being received as defensive.

Mediation will explore the explanation, the animal owner's expectation, and why the explanation provided by the practice does not satisfy the owner and address their concerns.

Constructive Dialogue

Clearly the pandemic has generated an incredible amount of stress across society, and everyone is having to deal with the impact of that stress. During 2020-21, mediations continued to take place in an environment heightened by an uncertain economy, a general frustration at not being able to go about their daily lives in the same way and 'the new normal' of public health measures and personal risk assessments.

The VCMS has promoted respectful dialogue and interactions between animal owners and practices. VCMS social media and web activity has supported campaigns by stakeholders to 'Respect your Vet' and 'Be Kind'. This can be challenging when parties are frustrated, fatigued and feel unheard for any reason.

This also means we have continued to see less tolerance, and closed mindsets which have to be opened and trust built before the mediation can start to address the issues within the complaint.

Wellbeing, Resilience and Retention



Quote from a vet in a mediation:

"I would like, in your diplomatic way, to point out that vets are haemorrhaging from the profession by the dozen at the moment as client-pressure is at an all time high. I am the first to put my hand up when I feel I could have done better and like all vets I have a tendency to beat myself up about things that are often beyond my control. This impacts my wellbeing significantly. Whilst I know clients don't think about that, I am increasingly pointing out to them the psychological impact and consequences of their reactions....as I did in my initial email."

The tensions within practice/client relationships are multi-faceted in terms of cause. When we consider the impact of complaints, client confidence and engagement sit on one side. Veterinary wellbeing and resilience sit on the other. During the past 12 months, the VCMS has mediated complaints which have clearly taken their toll on both parties. Each party will have their own perspective, insight and generally share valid concerns about the events in question. The accounts via the very different perspective of each party, in the same factual situation, epitomise the challenge in this aspect of veterinary care. Each will see the situation through their own lens.

A mediation approach, which seeks to find a resolution rather than apportion blame plays an





important role in reducing tension and resetting the dial on an adversarial relationship. As we look to the future, it is important that we find a way to inform clients and support veterinary professionals to enable constructive and collaborate dialogue. A ‘working together’ approach over harmful, accusatory interactions focused on blame and failings, is more likely to improve client engagement and understanding, and professional satisfaction within the role.

Mediation insight can, and must, support all the initiatives and focused activity which seek to improve communication and engagement between veterinary practices and clients, and how clients view some veterinary professionals. The VCMS is committed to supporting this for the future benefit and resilience of the sector.

Forward Looking Insight 2021-22 and Beyond

The Omicron wave that emerged in December 2021, along with the much hoped for 'post-pandemic' transition, means that COVID-19 will continue to impact the veterinary sector in 2021-22. We do, however, hope to see the world moving towards an endemic stage of COVID-19. As the requirement to socially distance eases, veterinary practices will once again have to consider how to adjust to balance the needs of the team, patients and clients. The way in which we communicate and interact has been turned on its head. There may be challenges in adjusting and once again, becoming comfortable with open and unrestricted communication. This has been likened to muscle memory, and the need for us to practice and re-hone these skills.

Across both human and animal healthcare, ‘consumer’ expectations around access and restrictions may give rise to complaints and conflict. As an example, some patients have expressed dissatisfaction that their GP practice has not resumed routine face-to-face GP appointments, and, in contrast, most other restrictions have been lifted. Maternity units have faced difficulty in resolving complaints by parents-to-be where birth partners have not been permitted to attend all scans or remain with their partner following the birth, when national restrictions have been eased. For some veterinary practices, their risk assessments may result in maintained restrictions in some form, which will need to be carefully explained and communicated to animal owners. This will aid understanding and enable clients to feel better prepared when they do interact with the practice.

Some practices may intend to maintain measures implemented due to COVID-19 for other non-pandemic reasons for the medium term or permanently. In this situation, it is important to explain why this decision has been made and emphasise the benefits for patients and clients.



Thanks so much for updating me. I really appreciate your efforts with this case and also for being a level-headed, truly mediating presence! Please don't hesitate to get in touch with me again if you need to. I hope you have a wonderful rest of your week.

- Practice

Appendix 5: VCMS Mediation Case Studies

CASE STUDY 1: IT'S NOT WHAT YOU DO, IT'S THE WAY THAT YOU DO IT

A dog had a lump removed and then the wound started to break down due to interference (dog rubbing against things). The dog was re-seen, and the vet advised it needed to have a second procedure to re-suture. These sutures also started breaking down and at third appointment the vet advised they would not hold as there was too much tension in the area so the wound would need to heal via another method (secondary intention). This involved multiple visits over a few weeks to clean and dress the wound and allow new tissue to develop and heal itself over time.

The animal owner asked to speak to the vet, but they were in consults and unable to speak with the owner, so she was asked to put her queries and concerns in writing. The animal owner explained she was unhappy with the second vet's decision to re-suture and felt they should have followed the same path as the third vet and know the sutures would not hold.

The email was passed to the Head Nurse to investigate and respond as a complaint.

The practice advised that the first port of call would always be to re-suture as majority of the time, this provides quickest healing time and is more cost effective, so they were happy with their approach.

Within the mediation, the owner shared that she felt frustrated that she had not been able to discuss the matter with the vet who made the recommendation to re-suture, and still did not understand why they followed a path that was destined to fail.

The vet explained that they had wanted to minimise the owner's visits to the practice due to the pandemic and secondary intention would require the owner to bring the dog in multiple times over weeks which is costly, stressful and time consuming. While there are no guaranteed outcomes, veterinary medicine would look to go with the method that has had most success in the past and is likely to be least stressful for the pet and owner. Unfortunately, in a small percentage of cases, re-suturing is not successful, as occurred here. With the benefit of hindsight, the practice explained that if they knew the re-suturing would break down again, they would not have followed this path.

The practice apologised to the animal owner for the stress and upset it caused her and her pet, and that they would have wanted to avoid this if at all possible. They also apologised for making the assumption that the owner would not have wanted to undertake the multiple visits required for secondary intention and discussed the options with the owner.

The owner confirmed that through the mediation she could now understand the background and basis of the re-suturing. She appreciated that her views were informed by hindsight. This was in contrast to the decisions made at the time and the factors that went into making that decision. The apology, and recognition that the complaint may have been avoided if there had been a further discussion between the owner and the vet concerned. She felt the practice could now understand her perspective and she was now able to draw matters to a close.

CASE STUDY 2: TO BE OR NOT TO BE

Following an in-person consultation, a client was left feeling frustrated as they believed the consultation could have been conducted online like many of the consultations which took place during the various lockdowns which occurred over the past two years. After a constructive dialogue overseen by the Veterinary Client Mediation Service (VCMS), the client was satisfied that an in-person consultation was the correct course of action, and the dispute was resolved.

The Dispute

During the pandemic, the number of client online video consultations increased significantly compared to the pre-pandemic world. This solution, which allowed vets to carry out their duties whilst conforming to lockdown restrictions, has been a learning curve.

Some practices had already started to utilise this technology before the pandemic, but for many this was new technology. Embracing Zoom to interact with friends and family is one thing, using this technology to view patients and communicate with owners was another.

On one hand, it allowed clients with less severe issues to make a call from home, minimising physical contact, unless the animal's condition required physical examination. For others, they would have ideally preferred to see a veterinary professional in person.

In a recent mediation, an animal owner considered that an online consultation would have been preferable as it needed to be undertaken out of hours.



Six months previously she had taken part in a video consultation that helpfully provided her with the dispensary service she required. Following the success of this consultation, the client felt that a similar process should have been made available to her when she needed a veterinary professional at an inconvenient hour. The practice felt that an in-person consultation was a far more appropriate course of action as the client had explained during her initial phone call that her pet was still experiencing pain after two types of pain relief had been administered.

In light of this information, the practice considered that seeing the pet in person would allow the team to provide a more thorough consultation to ensure that it stood the best chance of avoiding hospitalisation. The practice and the owner had tried to resolve the complaint through the practice's internal complaints process, but without success.

The Resolution

Upon entering mediation, the practice and pet owner explored the reason why an in-person consultation was the more suitable course of action.

During the mediation, it became clear that there were various checks that the vet carried out in the consultation that simply would not have been possible to conduct via a video call. Specifically, it was crucial for the vet to touch and listen to the pet before making a decision about the type of care this patient should receive.





In addition to this point, the vet also explained how the previous consultation was not carried out virtually for convenience, but out of necessity. As government guidance at the time prevented in-person 'non urgent' consultations, the procedure had to take place online to minimise contact rather than to make things easier for both parties. The practice explained that online consultations are not always an appropriate method of communicating when looking for an accurate diagnosis.

An assessment of the situation on a case-by-case basis allowed the practice to consider whether they need the opportunity to handle pets and maximise the chances of making a correct diagnosis as quickly as possible. Although it is not always the case, the practice also explained that elements of the information gathered during the consult are inaccessible when observing a pet through video-call technology. In person, these kinds of behaviours are far more likely to be observed.

Following the mediation process, the animal owner reflected on the explanations provided by the practice, the input of the VCMS Resolution Manager and gained a clear understanding of the context and the reasoning behind the approach taken. The animal owner was satisfied with the outcome and understood the need for an in-person consultation after recognising the vet's opinion that vital information would not have been available or as apparent in a virtual consultation. They also explained how they felt this information had not been effectively communicated to them prior to raising a complaint, which was a reflection and learning taken away by the practice.

The practice acknowledged this complaint may have been avoided or resolved locally, if there had been a clearer explanation seen through the eyes of the animal owner to convey the reasoning behind the decision. Though it appeared to the veterinary professionals to be self-evident in its logic; the animal owner felt the driver was arranging a more expensive in-person consultation. By taking this step to explain the reasoning, time could have been used more efficiently and ensured that the animal owner was confident and satisfied with the decision being made.



CASE STUDY 3: TIMING IS EVERYTHING

The pet owner contacted VCMS as he was concerned about the thoroughness of the clinical examination that his puppy received when the dog was presented for its first vaccination. Now five months old, the dog has sadly been diagnosed with an eye condition which may have been hereditary.

In the early discussion with the owner, it was evident that he believed that any eye issue would be apparent and identifiable at the health check conducted as part of the first vaccination appointment. Underlying the complaint was a feeling that the practice may have missed a serious condition at that examination.

This complaint is an example of where the impartial position of a Resolution Manager at the VCMS can really help. The Resolution Manager explored the owner's concerns and what had led him to believe that the eye condition had been missed.

During the mediation discussion, the owner and the Resolution Manager explored how this condition would be diagnosed at that stage in a puppy's life, the explanation provided by the practice that only a scan would have been able to detect the eye condition at that time. As the appointment was for a vaccination, a scan would not have been part of the examination and the owner would not have wanted one to be done at that stage. The owner appreciated that he had assumed the condition could have been diagnosed earlier without the need of an MRI scan.

In an impartial and balanced way, the Resolution Manager spoke with the practice and was able to explain where the owner's beliefs and concerns had come from, and this then unlocked an open and collaborative dialogue.

The practice confirmed that the vet had conducted a full clinical examination and that the puppy was, at the time, showing no signs of visual impairment. The practice went on to reassure the owner that alternative tests to confirm the diagnosis could not have been performed on a puppy of this age due to reflexes not being fully developed.

The mediation included breaking down the clinical history and helping the owner to fully understand the components that aid diagnosis. The owner then agreed that the practice could not have diagnosed his puppy's eyesight issues when it was presented for first vaccination and that diagnostic options were not available at that stage of the puppy's life. Engaging in dialogue and clear communication, the VCMS team was able to get to the crux of the complaint and use this to explore concerns in a balanced fashion.