

'Major challenge' with equine health plans

PET health plans are a key part of the business strategy for huge numbers of small animal practices – so why don't they work with horse-owning clients?

That conundrum was the focus of a session in the congress stream looking at building stronger equine practices.

A majority of the practices represented in the audience acknowledged that they had tried to introduce some form of health plan but most had since closed the scheme. Of those that had persisted, only a handful regarded them as something that had made a significant contribution to the business turnover.

Speakers Wendy Furness of the Derbyshire-based Scarsdale Veterinary Group and John Goulding from St Georges Vets in the West Midlands were among the few present with an active equine health plan. But even they admitted that they didn't know all the answers and that launching and maintaining a successful scheme was a major challenge.

Ms Furness said the Scarsdale scheme was called the "Healthy Horse Club" with three levels of service, known as the bronze, silver and gold standard, ranging in cost from £12.50 to £20 per month. At the bronze level, horse owners were guaranteed their annual vaccinations with a health check, routine dentistry and a yearly egg count. Further services were added

for horse owners taking out higher level membership.

When launching the scheme, she and her colleagues had expected it to appeal most to the owners of older horses and for the higher level membership to be the most popular. But instead, the majority of horses covered were in their active years between five and 15 years old and most were entered at the bronze or silver level.

To ensure that clients were willing to renew their membership of the higher level schemes, it was essential to monitor and remind them of those added-value services that they had not yet used.

She also advised practices considering developing their own scheme to avoid overcomplicating their offer with multiple combinations of services and to watch out for inconsistencies between the services available for members and any other promotional offers that the practice was considering.

Ms Furness felt that the most important factor was to regularly remind clients what is available and it was essential to make good use of social media channels, such as the



John Goulding and Wendy Furness.

practice Facebook page and Twitter stream. However, even after actively marketing the service, the results could be a little disappointing. Only around 5% of her own practice's equine clients have signed up for a health scheme, compared with about 25% of its small animal clientele, she said.

John Goulding pondered whether there was

anything in the personalities and personal circumstances of equine clients that made them different from pet animal owners, and therefore less likely to want to sign up to a health scheme. He concluded that any differences were minor and, where they did occur, they were actually more likely to work in favour of the client joining an equine health scheme.

The only groups that he believed would not be interested were those with a business-based relationship with their horses and those that weren't strongly attached to their animal.

One key difference between horse and dog owners was that the former usually developed a working relationship with just one member of the practice staff, the veterinarian attending at their premises. However, several contributors were sceptical about the ability of clinicians to successfully promote a health plan: receptionists will usually play a more

active role in persuading clients of the benefits of the scheme, they suggested. An existing and successful small animal health plan, careful planning, an appropriate practice management system, and a third party provider to take on the administrative burden were among the other factors highlighted as important for the success of an equine health plan.

Other speakers queried whether health schemes were ever likely to be attractive, except to those clients who were already the most closely bonded with the practice. So offering them additional services at lower cost might not draw in any extra income, and might even lose the practice money.

Pricing is certainly a key issue in ensuring that this sort of initiative will pay its way. Practices will also have to think carefully about what services should be covered by the scheme and to ensure that they don't give too much away.

One practitioner recalled that when launching a scheme his practice had gone against its accountant's advice by including a 5% discount on the cost of non-routine work. "It was a complete disaster: you cannot just give away your profit margin," he warned.



The exhibition at the SPVS-VPMA congress was big and busy.



More than 470 delegates, the majority of whom were either practice managers or owners, attended the third combined VPMA-SPVS congress on 23rd and 24th January at the Celtic Manor Resort in Newport, South Wales. Many practices brought several members of staff and in total over 200 different speakers were represented. Speakers from outside the industry included Monty Halls, who opened the congress with an inspirational talk on the importance of pushing your own personal boundaries, and Dr Max Pemberton who presented a comprehensive and accessible guide to mental health problems for vets and managers.

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