

Annex 2

Veterinary services for household pets market investigation

An analysis of the CMA's consumer survey responses

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1. INTRODUCTION AND SUMMARY

1. The CMA's working paper on "How People Purchase Veterinary Services" (the **Demand WP**) presents the CMA's key emerging views on how people purchase veterinary services. A key piece of evidence cited in the Demand WP is a survey of pet owners commissioned by the CMA. This paper reviews the CMA's survey and assesses whether it supports the CMA's key emerging views presented in the Demand WP.
2. The paper focuses on the choice of FOP and choice of medicines made by pet owners along their consumer journey. The choice of other types of veterinary services (such as referral centres, pet plans and pet insurance) are discussed in more detail in Linnaeus' main response to the CMA's working papers (the **Working Papers**). In relation to the choice of referral centre, we note that the Demand WP focuses almost entirely on the pet owner's decision process for the referral and the information the pet-owner has received. However, the main customers of referral centres are the referring vets. Referral centres provide competitive prices and good service to ensure that referring vets recommend the referral centre to their customers. This is not analysed in the CMA's survey. Referring vets won't recommend a referral centre to their customers that either provide a poor service or uncompetitive prices, as both will reflect poorly on the referring FOP, and the individual referring vet. Absent an analysis of these incentives, the Demand WP will not provide a meaningful view of the true degree of competition across referral centres.
3. *With respect to the choice of FOP*, the Demand WP's emerging thinking is that consumers do not shop around effectively when choosing an FOP, and this may lead to weaker competition between FOPs. However as explained in **Section 2**:
 - a. The statistic in the Demand WP that only 43% of respondents consider multiple FOP options significantly understates the proportion shopping around:
 - The Demand WP's analysis is based on respondents who chose their FOP in the last 10 years – however views longer than the last two years are unlikely to be probative given the much higher risk of recall bias and the fact that the FOP landscape has changed significantly over the last 10 years. In addition, the WP's analysis includes respondents who had no ability to choose another practice – and thus are not relevant when considering whether would respondents chose from multiple options when those options were available. When adjusting the survey take account of both these issues the results show that the proportion of pet owners who shop around when choosing an FOP increases from 43% in the Demand WP analysis, to a majority of 56% of respondents.
 - b. Price is a key factor for customers when choosing an FOP and awareness of price is significantly higher than the Demand WP estimates:
 - A substantial majority of respondents to the CMA's survey (56%) had pet insurance – significantly higher than both third party estimates we have seen and the CMA's estimate. More importantly pet owners with insurance may be less focussed on price given that they are less likely to pay (although they may still pay for some proportion of it, on top of any policy excesses). As such when considering price awareness, it is much more meaningful to focus on those respondents who actually pay in full for their treatment. When adjusting the survey for this, alongside focusing on those customers who switched in the last two years and had multiple

options available to them, the proportion of respondents who list price as a relevant factor for choosing an FOP increases substantially from 25% to 41%.

- c. The Demand WP considers the surveyed switching rate of 3% as being lower than it would have expected in a well-functioning market. However, this conclusion is incorrect for several reasons:
 - First, the CMA's statistic only considers *proactive* switchers and ignores new customers coming into the market either because they have moved or because they have bought a new pet. Given FOPs don't discriminate between different types of new customers it makes no sense to consider pro-active switchers separately from new customers.
 - Second, even if one was to only consider proactive switchers, one would still want to understand what the underlying reasons for the allegedly low switching rate are. However, the evidence shows that there is no evidence that respondents are concerned about the switching process, worry that they cannot switch, or have had difficulties switching. Indeed only 7% of respondents had a concern with switching, or perceived switching to be difficult.
 - Finally, given the lack of issues or concerns relating to the ease of switching, the real reason for the switching rate appears to be the high satisfaction rates across all customers. For example, 88% of customers are satisfied with the care given to the pet, whilst 86% were satisfied with the quality of service and 84% with the outcome of the visit. Given this high level of satisfaction, coupled with the lack of switching concerns, we disagree that a switching rate of 3% provides any evidence of a market that is not functioning well.
4. *With respect to the choice of medicines*, the CMA's emerging thinking is that consumers may not shop around when considering purchase of medicines and this may contribute to weak price competition between retail suppliers of veterinary medicines. However as explained in **Section 3** the Demand WP's survey shows that:
 - a. Most pet owners are already aware they can obtain written prescriptions from their FOP and purchase medication elsewhere. According to the Demand WP's survey, 57% of pet owners who had acquired medicines in the past two years were aware that they could obtain a prescription. This increases to 76% in the context of repeat prescriptions, which are a better proxy for medicines where a prescription can be obtained (i.e. those sold outside of surgical procedures or where it is not needed urgently). In our view this is likely to be a sufficiently large proportion of consumers to act as a constraint on veterinary practices pricing.
 - b. The proportion of pet owners who compare prices is higher than estimated in the Demand WP. As explained above, considering repeat prescriptions as a proxy for medications sold outside the context of surgical procedures / needed urgently, 45% of respondents compare the prices of medicines and find information.
5. The remainder of this paper is structured as follows. Section 2 considers how customers choose their FOPs and the level of switching between FOPs. Section three then considers how customers chose medicines and the level of information they have when making their decision.

2. CHOICE OF FOP

6. The Demand WP examines how pet owners choose their FOP practice. The CMA's emerging thinking contained in the working paper is that consumers do not shop around effectively when choosing an FOP, and this may lead to weaker competition between FOPs.¹ This conclusion is based on the following observations, which are derived mainly from the CMA's consumer survey:
 - a) Pet owners do not consider multiple options when choosing an FOP.²
 - b) Pet owners who do consider multiple options are primarily driven by location and recommendations.³
 - c) Pet owners do not seek out pricing information before choosing an FOP, or in advance of treatment.⁴
 - d) Switching rates of FOPs are low compared to what might be expected in a well-functioning market.⁵
7. The following section assesses whether the CMA's consumer survey evidence supports each of the observations listed above.

2.1. The proportion of pet owners considering multiple options is higher than suggested in the working paper

8. The Demand WP states that a significant proportion of pet owners do not consider multiple practices when choosing an FOP.⁶ Specifically, the working paper states that based on the survey evidence 51% of respondents said they only considered one vet practice; 29% said they considered two; 15% said they considered three or more; whilst 6% did not know, or could not recall (see Table 1 below). The Demand WP considers that this is a contributing factor in consumers not shopping around effectively when choosing a FOP, and therefore may be contributing to weak competition between FOPs.⁷ However, as set out below, this statistic overstates the proportion of pet owners who did not shop around, and therefore understates the extent of consumers who are actively choosing between competing FOPs.
9. *First*, the Demand WP's analysis is based on respondents who chose their FOP practice in the last 10 years. As previously stated in CRA's comments on the CMA's draft Consumer Survey, we are concerned that asking customers about past behaviour up to 10 years ago

1 Demand WP, page 40 ('Our *Emerging View on how pet owners choose FOPs*').

2 Demand WP, paragraph 5.7.

3 Demand WP, paragraph 5.12.

4 Demand WP, paragraph 5.36 and 5.142.

5 Demand WP, paragraph 5.71.

6 Demand WP, paragraph 5.7.

7 Demand WP, paragraph 6(a).

will result in significant recall bias.⁸ Specifically, it is much more likely that a respondent will forget exactly what research they did at the time, and therefore may default to simply stating that they did not consider multiple options. This concern regarding recall bias is consistent with the CMA's survey design guidance.⁹ Even if recall bias were not a concern, the choices that respondents made many years ago are less likely to be relevant to the current market, particularly given the changes in FOP ownership structure and care over the last 10 years. For both of these reasons, we do not consider that respondents who chose an FOP longer than the last two years are likely to provide meaningful insights.

10. *Second*, the number of practices considered at the time of the decision forms part of the Demand WP's view on whether consumers are not shopping around effectively. However the Demand WP statistic of 51% also includes respondents who stated that they either had only one practice in their area, or only one practice that offered the treatment/services they needed.¹⁰ These respondents are not relevant to the question of whether consumers proactively shop around effectively as these respondents would not be able to consider multiple practices, even if they wanted to, due to the lack of alternatives in the area. As such, to provide a view on the extent to which consumers are shopping around *when they have the ability to do so*, pet owners who do not have alternative options in their area should be excluded.
11. The table below replicates the Demand WP's analysis after making the two adjustments listed above, that is (a) restricting the sample to respondents who chose their FOP in the last two years (and removing 'Don't know / can't recall' respondents), and (b) also removing those who did not have alternative options in their local area in addition to (a). As the table below shows, the proportion of pet owners who shop around when choosing an FOP increases from 43% (46%¹¹ excluding the 'Don't know / can't recall') in the Demand WP's analysis, to the majority of respondents at 56%.

⁸ "Asking respondents to provide insight into a choice that may have been made years ago is unlikely to yield accurate responses. This could be mitigated by only sampling those who have chosen their vet in the last one to two years. To achieve accurate results, we suggest that one year is used, only extending to two years if necessary from a sampling perspective" See 'Linnaeus Veterinary Limited's comments on the Competition and Markets Authority's draft Consumer Survey, dated 16 September 2024', 23 September 2024

⁹ "If the last purchase was a long time ago, then respondent recall may be a problem. Much depends on the product or service being purchased; recall is likely to be better regarding the purchase of laser eye surgery than about a visit to a convenience store." See CMA, 'Good practice in the design and presentation of customer survey evidence in merger cases - revised', May 2018, available at: https://assets.publishing.service.gov.uk/media/5afd962340f0b6301d5dada4/Survey_good_practice.pdf, (accessed: 11 March 2025)

¹⁰ These are the 46 respondents who answered "There was only one vet practice in my area" or "There was only one practice that offered the type of treatment or services I needed (for example if your pet needed specialist treatment or you had a type of pet that other vets didn't treat)" at Q12D (Q12D: What was the main reason why you didn't feel that you had a choice?) out of the total 578 who have been with the practice for less than 2 years.

¹¹ Calculated as (29 + 15) / (51 + 29 + 15).

Table 1: Method of choosing a practice

<i>Q12B: And which of the following best describes how you chose your current vet practice?</i>			
I only considered one vet practice	51%	48%	44%
I considered multiple vet practices	43%	52%	56%
- Two vet practices	29%	31%	34%
- Three or more vet practices	15%	21%	22%
Don't know / can't recall	6%	excl.	excl.
Total	1,757	546	500
<i>Base</i>	<i>Have been with practice <10 years</i>	<i>Have been with practice <2 years (Q11) (excl. don't know)</i>	<i>...and excl. areas with no other vet practice (Q12D)</i>

Note: Q11 identifies respondents who have been with the practice for less than 2 years (*Q11: How long have you been with this vet practice?*). Q12D identifies respondents in areas with no other vet practices (*Q12D: What was the main reason why you didn't feel that you had a choice?*).

Source: CMA survey data; CRA analysis.

12. *Third*, with respect to the question of whether respondents who only consider a single practice are indicative of weak competition, we note that a significant proportion of all respondents who considered a single practice made their decision on the basis of a recommendation (43% of those respondents), or an online review (12%).¹² This implies not only that these respondents are doing some research – taking a recommendation or looking at reviews – but also shows that the mechanism of recommendations and reputation are extremely important to the choice of FOP market. As the Demand WP survey sets out, and as Linnaeus stated during its Hearing, this mechanism of recommendations and reputation is a key driver of competition between FOPs. FOPs that provide a poor service to customers (either in terms of quality of care or value for money) will not receive recommendations from their clients, and therefore have lower numbers of customers. As such recommendations are a key driver for competition regardless of whether a customer collects multiple practice recommendations or a single practice recommendation from someone whose judgement they trust.
13. *Finally*, even if one ignored the role that recommendations and reputation plays in driving competition between FOPs, the Demand WP does not provide any evidence on what proportion of customers considering multiple FOP options is *necessary* to ensure that competition works effectively. The relevant question when considering whether the market works well is whether a sufficient proportion of pet owners would no longer pick an FOP, if that FOP's offering was significantly worse (i.e. raising prices or lowering quality) than rival offerings, such that worsening the offering would not be profitable. If this is the case, then this competition would be sufficient to ensure that no FOP had an incentive to worsen its offering. The survey evidence finds that 56% of respondents shop around and are therefore likely to go elsewhere if an FOP's offering was significantly worse. This is a sufficiently high proportion to act as competitive constraint on FOPs and discipline any significant increase in price (or worsening of an FOP's offering).

¹² 43% of those all respondents who said they only considered a single site said they chose their practice based on a recommendation. This is 39% when only considering who chose their practice in the last two years, and 42% when only considering those who chose their practice in the last two years *and* had an alternative practice in their area. For those choosing their practice based on an online review, the equivalent statistic is 12%, 18% and 18%, respectively. See Appendix A.

2.2. Price is a key factor in respondents' choice of FOP practice and awareness of price is significantly higher than the Demand WP estimate

14. The Demand WP states that the survey indicates that many pet owners do not seek out pricing information before choosing a FOP.¹³ It goes on to state that this lack of information may be the cause of pet owners underestimating the value of shopping around because they mistakenly believe that all FOPs provide similar services at similar prices.¹⁴ In evidencing the lack of pricing information, the Demand WP states that 40% of respondents reported finding out pricing information before registering with their FOP.¹⁵ This 40% is derived from the sum of the proportion of respondents who stated that considered pricing as a relevant factor for their choice of FOP (25%), and the proportion of those that said that they didn't consider pricing as a relevant factor but none-the-less found pricing information before registering (15%).¹⁶ However as set out below, the proportion of respondents considering price information as relevant for their choice of FOP is significantly higher than the 25% - implying that the proportion of respondents who are aware of price is significantly higher than the estimated 40%.
15. Before setting out why the 25% figure is underestimated, it should be noted that receiving a word of mouth or personal recommendation is an important factor in determining the choice of FOP outside of location, according to 44% of respondents (see Table 2 below).¹⁷ Whilst the Demand WP acknowledges the importance of recommendations and online reviews, and acknowledges that both will provide a consumer based assessment of both quality and also price (i.e., a pet owner is unlikely to recommend a practice if they felt that it was not priced competitively), the Demand WP considers that such recommendations are unlikely to be representative of actual quality standards.¹⁸ However, this significantly underestimates both the role of recommendations and the ability that recommendations and reputation has in driving competitive outcomes within FOP practices.
16. Veterinary services are an 'experience good' where quality can only be viewed after consumption, and where the quality of care is highly important. In such a market, reputation is key. Therefore, it is unsurprising that people base their choices on recommendations from people they trust. The importance of recommendations is why Linnaeus works hard to build trusted relationships with consumers, for example through providing high quality care, and investing heavily in training and retaining vets. The fact that customers may not have a precise view on specific quality metrics does not detract from the importance of reputation and recommendations as a means to drive competition. Indeed, it would be wrong for the Demand WP to conclude that because recommendations are a more important choice factor than price means that competition is weak. As mentioned above,

13 Demand WP, paragraph 5.36.

14 Demand WP, page 40 ('Our Emerging View on how pet owners choose FOPs.').

15 Demand WP, paragraph 5.36(a).

16 Demand WP, footnote 163.

17 Location is the number one factor which is unsurprising given these are local markets. In such local markets, the relevant question is what the most important drivers of choice are *within a given local area*. Although the survey does not explore this question, a proxy can be obtained by simply ignoring location as an option.

18 Demand WP, paragraph 5.45.

price is already wrapped up in recommendations and ranking recommendations above price simply means that customers of vet services care about both quality and price factors. The importance of recommendations is further evidenced by the impact of NPS / complaints on footfall, which is described in greater detail in Linnaeus' main response to the Working Papers.

17. Notwithstanding the importance of recommendations and reputation as the key driver of competition between FOPs, the survey also shows that WP's analysis understates the importance of price, and therefore the awareness of price amongst respondents, for three key reasons.
18. *First*, as discussed previously, the Demand WP's analysis considers respondents who chose their FOP within the last 10 years. Given respondents' poor recollection, and the lower relevance of decisions in the past to the market today, it is appropriate to consider the views of customers who chose their FOP more recently i.e., in the last two years.¹⁹
19. *Second*, WP's survey appears to oversample pet owners who have pet insurance. Specifically, the majority of respondents stated that they currently have insurance (56%) in the Demand WP's survey.²⁰ Whilst there does not appear to be a common consensus on the rate of pet insurance, we note that **[Redacted - Confidential]** and other third-party estimates which range from 10% to 30%.²¹ Regardless of the rate, considering insured pet owners in a statistic covering the awareness of price is likely to significantly understate the awareness of price amongst those that pay, and therefore understate the degree of competition in the market. Pet owners with insurance may be less focused on price given that they are less likely to pay for (although they may still pay for some proportion of it, on top of any policy excesses, and are therefore not entirely price agnostic). Furthermore, including pet owners with insurance ignores the fact that the key constraint on the vet practices for such owners will be the insurance company, not the owner. This is because in some cases the insurance company will negotiate prices (including price caps) with the vet provider and therefore provide the competitive constraint rather than the consumer. As such, the view of insured respondents is unlikely to be informative when considering the extent of price awareness and whether this is sufficient to drive competition.
20. *Third*, when considering whether customers compared prices when choosing their FOP, it makes most sense to look at those customers who considered multiple practices when choosing their FOP. Respondents who considered only one practice may have done so because they did not have other practices in their local area. Therefore, they are less likely

19 Respondents who have been with their practice less than two years correspond to those who responded "Less than 1 year" or "Between 1 and 2 years" at Q11 (Q11: *How long have you been with this vet practice?*).

20 See Q112: *Do you currently have pet insurance for at least one of your pets, or have you had pet insurance in the past 3 years?*

21 For example, Go Compare estimates that only 9% of pet owners in the UK have pet insurance policies. See 'Pet protection: Does the nation have insurance for its furry friends', available at: <https://www.gocompare.com/pet-insurance/who-has-pet-insurance/#subs> (accessed: 5 March 2025). An insurance provider 'Insurance Emporium' estimates a rate equal to 30% for the UK. See 'Furry Finances: Global Pet Insurance Adoption Rates Revealed' available at: <https://www.theinsuranceemporium.co.uk/blog/global-pet-insurance-adoption-rates/> (accessed: 17 March 2025)

to consider price given they do not have the ability to compare prices between different FOPs.²²

21. The table below replicates the Demand WP's analysis after making all three of the adjustments set out above. Specifically, these are (a) limiting the sample to pet owners who chose their FOP in the last two years (b) excluding pet owners with pet insurance and (c) looking at customers who considered multiple practices when choosing an FOP. As seen in the table below, making the three adjustments to the Demand WP's sample increases price being a relevant factor from 25% to 41% - the second highest factor after location.²³

Table 2: Reason for choosing FOP practice

<i>Q13: Still thinking about your current vet, thinking back to when you registered with them, why did you this vet practice?</i>				
	Listed as reason	Listed as reason	Listed as reason	Listed as reason
Location	68%	64%	65%	62%
Recommendations (friends, family, etc.)	44%	40%	40%	40%
Impression of the practice, staff or website	29%	29%	28%	32%
Prices	25%	31%	34%	41%
Appointment availability	28%	28%	29%	31%
Services offered	26%	29%	27%	32%
Opening hours	26%	28%	25%	24%
Parking and transport	25%	22%	25%	19%
Practice ownership	21%	21%	20%	20%
Online reviews	19%	24%	22%	30%
A special offer	4%	6%	5%	6%
I didn't have any choice	1%	1%	2%	2%
Other reason specified	3%	3%	4%	5%
Don't know/can't remember	<i>excl.</i>	<i>excl.</i>	<i>excl.</i>	<i>excl.</i>
Total	1,747	572	195	108
<i>Base</i>	<i>Have been with practice <10 years (excl. 'don't know')</i>	<i>Have been with practice <2 (Q11) (excl. 'don't know')</i>	<i>... and did not have insurance in last 3 years (Q112)</i>	<i>...and considered multiple practices (Q12B)</i>

Note: Q11 identifies respondents who have been with the practice for less than 2 years (Q11: *How long have you been with this vet practice?*). Q112 identifies respondents who have not had insurance in the last three years (Q112: *Do you currently have pet insurance, for at least one of your pets, or have you had pet insurance in the past 3 years?*). Q12B identifies respondents who considered multiple practices (Q12B: *And which of the following best describes how you chose your current vet practice?*).

'Other' includes respondents assigned to the new categories "Specialisms - expertise etc.", "Pet plan available", "For a particular vet", "Vet/practice know my pet - have relationship"

Source: CMA survey data; CRA analysis.

22. Those who responded "I considered three or more vet practices when deciding what practice to use" or "I considered two vet practices when deciding what practice to use" at Q12B were included as those who had considered multiple practices (Q12B: *And which of the following best describes how you chose your current vet practice?*).
23. The survey also asks respondents about the main reason for choosing an FOP. A lower proportion of respondents (11%, when considering those who have been with practice for less than 2 years, have not had insurance in the last three years, and considered multiple practices) listed price as their main reason. However, we consider that price does not need to be the main reason to be constrain so long as it is listed as one of the reasons for choosing an FOP.

22. As stated above, the Demand WP uses the 25% as part of its calculation in considering that only 40% of respondents in the survey found out price information before registering with their FOP,²⁴ and that this lack of information may be the cause of pet owners underestimating the value of shopping around because they mistakenly believe that all FOPs provide similar services at similar prices.²⁵ However in applying the adjusted estimates for price awareness, we find that a significant majority of respondents were aware of price – 56% rather than the 40% reported. This is set out in Table 3 below.

Table 3: Awareness of price information when choosing FOP

Q13: Still thinking about your current vet, thinking back to when you registered with them, why did you pick this vet practice? Q15: Did you find out information about the prices of your current vet practice before registering with it?				
Price is reason for picking practice (Q13)	25%	30%	34%	41%
Find our price information before registering (Q15) ²⁶	15%	17%	14%	15%
Total respondents aware of price (Q13 + Q15)	40%	48%	48%	56%
Total	1,757	578	196	108
<i>Base</i>	<i>Have been with practice <10 years</i>	<i>Have been with practice <2 years (Q11)</i>	<i>...and did not have insurance in last 3 years (Q112)</i>	<i>...and considered multiple practices (Q12B)</i>

Note: Q11 identifies respondents who have been with the practice for less than 2 years (Q11: *How long have you been with this vet practice?*). Q112 identifies respondents who have not had insurance in the last three years (Q112: *Do you currently have pet insurance, for at least one of your pets, or have you had pet insurance in the past 3 years?*). Q12B identifies respondents who considered multiple practices (Q12B: *And which of the following best describes how you chose your current vet practice?*).

Source: CMA survey data; CRA analysis.

2.2.1. Awareness of price in treatments

23. Whilst the discussion above relates to price awareness in respondents' choice of FOP, the Demand WP also considers the extent of price awareness with respect to treatment options. Whilst the Demand WP acknowledges that 84% of respondents felt generally able to make informed decisions about treatment choices, it states that 53% of pet owners whose most recent visit was for a non-routine treatment, said that they were not provided with pricing information in advance of treatment (see Table 4 below).²⁷ The Demand WP uses this as evidence that the nature and timing of pricing information provision may limit consumers ability to make informed choices in a way that could constrain vet businesses.²⁸
24. As with pricing awareness with respect to respondent's choice of FOP, we have similar concerns with the use of this statistic as a measure of pricing awareness on non-routine treatments.
25. *First*, we note that the Demand WP analysis includes those with insurance or pet plans. As discussed above, those with insurance are likely to be less price sensitive as a portion of

²⁴ Demand WP, paragraph 5.36(a).

²⁵ Demand WP, page 40 ('Our Emerging View on how pet owners choose FOPs.').

²⁶ One respondent selected "Prices for vaccinations and medicines" at Q13 and "Yes" at Q15. We have only included this respondent under Q13, to avoid double counting.

²⁷ Demand WP, paragraph 5.142.

²⁸ Demand WP, page 83 ('Our emerging view on how pet owners choose non-routine treatments.').

their services is expected to be covered by the insurance, and less likely to recall whether a price has been stated in advance. Similarly, those with pet plans are also less likely to be as focused on price when the treatment is covered by their plan. Indeed, as the Demand WP acknowledges, 6% of respondents said that they did not receive price information in advance because the service was included in their pet-care plan or insurance. As such it is appropriate to consider the views of customers who do not have insurance or a pet plan, as these are the customers most likely to recall accurately whether they received a price, and are also those who are most likely to be influenced by pricing awareness given that they pay fully for their treatments or services.^{29, 30}

26. *Second*, the Demand WP's analysis only considers price awareness for those whose last treatment was non-routine, separating out the routine and non-routine treatments.³¹ However FOPs don't compete separately on routine or non-routine treatments, they compete across all treatments, ensuring that their offering is competitive. For this reason, we consider that it is most appropriate to look at consumer awareness of price across all treatments – routine and non-routine, to determine if consumer behaviour is likely to constrain FOPs.

27. The table below replicates the Demand WP's analysis making the two adjustments listed above.

Table 4: Provision of pricing information for most recent visit, by insurance and pet plan status

<i>Q50: Still thinking about your most recent visit, did the vet practice provide you with any information about the price of the in advance?</i>				
Yes	43%	44%	45%	53%
No	47%	55%	55%	45%
No (service included in pet plan or insurance)	6%	1%	0%	1%
Don't know / can't recall	4%	<i>excl.</i>	<i>excl.</i>	<i>excl.</i>
Total	480	154	127	557
<i>Base</i>	<i>Latest visit was for a non-routine treatment (Q46)</i>	<i>... and not had insurance in last 3 years (Q112) (excl. don't know)</i>	<i>... and not had Pet Plan in last 3 years (Q108)</i>	<i>...including all treatments</i>

Note: Q46 identifies respondents whose latest treatment was non-routine (Q46: *You said you had visited the vet for the following reason(s) since X. Thinking about the most recent visit to Y, what was this for?*). Q112 identifies respondents who did not have insurance in the last 3 years (Q112: *Do you currently have pet insurance, for at least one of your pets, or have you had pet insurance in the past 3 years?*). Q108 identifies respondents who did not have a pet plan in the last 3 years (Q108: *Do you currently have a pet health plan, for at least one of your pets, or have you had one in the past three years?*).

- 29 Those who responded "No, I haven't had any pet insurance in the past three years" at Q112 were included as those who did not have insurance in the last 3 years. (Q112: *Do you currently have pet insurance, for at least one of your pets, or have you had pet insurance in the past 3 years?*).

- 30 Those who responded No, I haven't had any pet insurance in the past three years" at Q112 and responded "No, I haven't had one in the past three years" at Q108 were included as those who did not have insurance or a pet plan in the last 3 years (Q108: *Do you currently have a pet health plan, for at least one of your pets, or have you had one in the past three years?*).

- 31 The Demand WP identifies those who had non-routine treatments as respondents who answered only "Consultation to diagnose or treat a condition (for example if your pet was unwell or injured)"; or "Surgery (excluding neutering)"; or "Diagnostic tests (such as x-rays, biopsy, urinalysis and blood tests)", or a combination of the three at Q46. (Q46: *You said you had visited the vet for the following reason(s) since X. Thinking about the most recent visit to Y, what was this for?*).

Source: CMA survey data; CRA analysis

28. The table shows that looking across those respondents without pet insurance or a pet plan, and including all treatments, a significantly higher proportion - 53% - received pricing information in advance of the treatment.
29. *Finally*, it should be noted that the Demand WP focuses on pricing information received in *advance* of the treatment, as a key mechanism to constrain to FOP treatment prices. Whilst we agree that receiving pricing information in advance is one way in which consumers can exert a constraint on FOPs, it is not the only way. Even those customers that only receive price information after the treatment will exert a constraint on FOPs pricing. Specifically, if customers feel that they have been overcharged, they will not return to the vet practice. This is evidenced by the fact that within Linnaeus internal surveys, price was the number one push factor for customers to leave a Linnaeus practice. More importantly, even if customers do not leave the practice, those that are unhappy with price are unlikely to recommend their vet to friends and family. Given (as shown above), this is the most important driver of choice amongst all pet owners outside of location, this creates a significant constraint on vets and their ability to increase prices which the Demand WP's focusing on only those who receive price information *in advance*, ignores.

2.3. Low switching rates do not reflect a market that is not functioning well

30. The Demand WP states that switching rates are relatively low, with 3% of respondents proactively switching in the last year, for reasons relating to the competitive offerings³² of FOPs.³³ The Demand WP claims these switching rates are low compared to what you might expect in a well-functioning market.³⁴ However, the Demand WP's focus on the 3% figure as evidence that the market is not well functioning ignores several important points. Specifically, (i) an important aspect of competition is for new customers coming into the market, either because they have moved or because they have bought a new pet, (ii) in any analysis of switching rates one must look at whether there are issues in the switching process that are driving those rates, and (iii) if there are no issues in the switching process it is necessary to understand why relatively few people switch – for example high satisfaction with their practice and its offering is unlikely to signal a poorly functioning market. Each of these points is discussed below.

2.3.1. Only considering pro-active switchers miss the wider and larger constraint from competing to attract new customers

31. In focusing only on those customers who pro-actively switch, the Demand WP misses the more significant competition for new customers. This includes not only those customers who may have moved (which is excluded from the Demand WPs 3% switching statistic), but also those customers who have recently acquired a pet and are looking for an FOP. These account for a much larger proportion of FOPs customers than pro-active switchers

³² The Demand WP considers “*I moved home*” or “*Previous vet practice closed down*” in Q33 as reasons not relating to competitive offerings, and therefore excludes respondents who selected either of these responses when calculating the switching rates.

³³ Demand WP, paragraph 5.57 and 5.58.

³⁴ Demand WP, page 40. (“*Our Emerging View on how pet owners choose FOPs.*”).

– when considering those who joined their practice in the last year, 33%³⁵ were active switchers, whilst 67%³⁶ were new joiners or those who moved home / previous FOP closed (excluding those who did not recall). Therefore, these customers cannot be ignored. FOPs do not discriminate between pro-active switchers, new customers and existing customers, and therefore it makes no sense to consider pro-active switchers in isolation when considering the overall constraint on prices and quality of services for FOPs.

32. Including all new customers within the last year, regardless of whether they are pro-active switchers, forced switchers or new customers, shows that these make up a greater proportion of customers (10% of all customers) – demonstrating the importance of attracting these new customers for FOPs, and hence their role in FOP competition.

Table 5: Breakdown of those who joined their FOP within the last 10 years

<i>Q12A: Did you move to your current practice from another vets practice?</i>	
<i>Q33: Why did you decide to leave your previous vet practice?</i>	
Joined practice < 1 year	10%
<i>Of which:</i>	
- Active switching (switched from other practice excl. moved home/FOP closed)	3%
- Forced switching (switched from other practice due to moved home/FOP closed)	2%
- New joiners (didn't switch from other practice)	4%
- Don't recall	1%
Total	2,344
<i>Base</i>	<i>All respondents</i>

Note: Q11 identifies respondents who have been with their current practice for less than 1 year (Q11: *How long have you been with this vet practice?*). Q12A identifies respondents who switch from previous practice, or were new joiners (Q12A: *Did you move to your current practice from another vets practice?*). Q33 identifies respondents who either actively switched or were forced to switch (Q33: *You said earlier that you had moved to your current practice from another practice. Why did you decide to leave your previous vet practice?*)

Source: CMA survey data; CRA analysis

2.3.2. The evidence shows that there are no significant barriers to switching or concern with the switching process

33. Even if one was only to focus solely on pro-active switchers, before concluding whether a relatively low number is not reflective of a well-functioning market, it is necessary to understand whether the number is symptomatic of a problem with switching or the competitive process. In this respect the Vets segment is very different from other markets in which the CMA has considered switching is relatively low as there is no evidence that there is a problem with the switching process, or that consumers believe switching will be difficult. On the contrary, as explained below, the survey evidences that switching is easy and unproblematic.
34. *First*, there is no evidence that there are barriers to switching or a perception of barriers that could be hampering the ability for customers to switch. In Q29, the survey asked respondents who had not switched in the last 10 years whether they felt like they would be able to switch if they wanted to.³⁷ Table 6 below on the left hand side, shows the proportion

³⁵ Calculated as $3 / (10 - 1)$.

³⁶ Calculated as $(2 + 4) / (10 - 1)$.

³⁷ See Q29: *If you wanted to change vet practices, do you feel that you would be able to do so?*

of respondents who (i) switched in the last 10 years (for reasons relating to competitive offerings)³⁸; (ii) switched in last 10 years due to moving home, or their FOP closing³⁹; (iii) did not switch in the last 10 years, but feel they could⁴⁰; (iv) did not switch in the last 10 years and don't know if they could⁴¹; (v) did not switch in the last 10 years and do not feel like they could⁴²; and (vi) don't know if switched in last 10 years.^{43 44}

35. This shows that 85%⁴⁵ of pet owners who did not switch in the last 10 years said they felt that they could change practice if they wanted to. Overall, 88% of respondents either switched practice in the last 10 years, or think they could if they wanted to. This high proportion is inconsistent with consumers believing that switching would be difficult or problematic.

38 Includes respondents who (a) responded either "*Less than 1 year*", "*Between 1 and 2 years*", "*Between 2 and 5 years*", or "*Between 5 and 10 years*" at Q11; (b) responded "Yes" at Q12A; and (c) did not flag "*I moved home*" or "*Previous vet practice closed down*" at Q33.

39 Includes respondents who (a) responded either "*Less than 1 year*", "*Between 1 and 2 years*", "*Between 2 and 5 years*", or "*Between 5 and 10 years*" at Q11; (b) responded "Yes" at Q12A; and (c) flagged either "*I moved home*" or "*Previous vet practice closed down*" at Q33.

40 Includes respondents who (a) responded "*Over 10 years*" at Q11; or responded "No" at Q12A; and (b) responded "Yes" at Q29.

41 Includes respondents who responded "*Over 10 years*" at Q11; or responded "No" at Q12A; and responded "*Don't know*" at Q29.

42 Includes respondents who responded "*Over 10 years*" at Q11; or responded "No" at Q12A; and responded "No" at Q29.

43 Includes respondents who responded "*Don't know / can't recall*" at Q12A.

44 The table explores the perceived ease of switching for respondents who did not switch in the last 10 years. It is not possible to cut the data for respondents who made a more recent decision about switching FOP, as the survey does not ask about the perceived ease of switching (Q29/Q30) to customers who switched in the last 10 years but may not have switched in a more recent period e.g., two years. Nonetheless, the questions on ease of switching (Q29 and Q30) relate to the respondent's views as of today (and not about the time when choosing an FOP, which could be 10 years ago). Therefore, these questions do not suffer from the recall bias described in the previous section.

45 Calculated as 56 / (56+5+5).

Table 6: Switching within last 10 years, and perceived ability to switch

Q12A: Did you move to your current practice from another vet's practice? Q29: If you wanted to change vet practices, do you feel that you would be able to do so?		Q30: How easy or difficult do you think it would be to change vet practices? Q30: Why do you think it would be DIFFICULT/NOT POSSIBLE for you to change vet practices?	
Switched in last 10 years (Q11, Q12A, Q33)	19%	Switched in last 10 years	19%
Switched in last 10 years (home move/FOP closed) (Q11, Q12A, Q33)	13%	Switched home move/FOP closed	13%
Didn't switch but felt they would be able to change practices if they wanted to (Q11, Q12A, Q29)	56%	Not switched, Net easy to switch (Q11, Q12A, Q29, Q30)	42%
Didn't switch and don't know if they would be able to change practices if they wanted to (Q11, Q12A, Q29)	5%	Not switched, Neither/not (Q11, Q12A, Q29, Q30)	10%
Didn't switch, but did not feel they would be able to change practices if they wanted to (Q11, Q12A, Q29)	5%	Not switched, Net difficult ⁴⁶ (Q11, Q12A, Q29, Q30, Q31)	4%
		Don't know (Q11, Q12A, Q29, Q30)	5%
		No alternatives in the area ⁴⁷ (Q11, Q12A, Q29, Q30, Q31)	2%
		Other reason for not feeling they would be able to switch (Q11, Q12A, Q29, Q31)	3%
Don't know if I switched (Q12A)	2%	Don't know if I switched	2%
Total	2,344		2,344
Base	All respondents		All respondents

Note: Respondents who switched in the last 10 years are those who said that (i) they have been with their current practice for less than 10 years are those based on Q11 (Q11: *How long have you been with this vet practice?*), and (ii) they switched from another practice based on Q12A (Q12A: *Did you move to your current practice from another vet's practice?*). Respondents who said they switched due to moving home or the FOP closed are identified in Q33 (Q33: *You said earlier that you had moved to your current practice from another practice. Why did you decide to leave your previous vet practice?*). Respondents who did not switch practices in the last 10 years were asked if they felt they could change practices if they wanted to at Q29 (Q29: *If you wanted to change vet practices, do you feel that you would be able to do so?*). Respondents who did not switch practices in the last 10 years were asked how easy respondents felt it would be to switch at Q30 (Q30: *How easy or difficult do you think it would be to change vet practices?*). Q31 identifies respondents who did not have an alternative in the area (Q31: *Why do you think it would be DIFFICULT/NOT POSSIBLE for you to change vet practices?*).

Source: CMA survey data; CRA analysis

36. In addition to asking whether respondents felt like they would be able to switch, the survey also asked respondents how easy or difficult they think it would be to switch practice.⁴⁸ This provides an additional view on whether switching is relatively low due to concerns with the process or the difficulty with switching.⁴⁹ When considering Q30 in conjunction with Q29 and the switching rate results, 68% of those who did not switch (but felt they could if they wanted to, or did not know), thought that switching would be easy (see Table 6

⁴⁶ Respondents who did not have an alternative vet practice in their area (according to Q31), are included in the row "No alternatives in the area" below. Therefore, the colour coding of rows does not exactly correspond between the second and fourth columns.

⁴⁷ Those who responded "There are no alternative vet practices in my area" at Q31 are identified as having no alternatives in the area.

⁴⁸ See Q30 – *How easy or difficult do you think it would be to change vet practices?*

⁴⁹ For the same reasons as mentioned above with respect to Q29, this analysis is also based on the views of respondents who did not switch in the last 10 years.

above).⁵⁰ Across all respondents, 73% either switched in the last 10 years, or thought switching would be easy.⁵¹

37. Finally, in contrast to the vast majority of respondents, Table 6 shows that only 9% of respondents thought that either they would be unable to switch, or it would be difficult to switch.⁵² However of these 9%, a significant number of them (2%) stated that they would be unable to switch, not because of problems or a concern with switching, but simply because there were no other alternatives in the area. Thus, when considering whether there are potential issues around the switching process, only 7% of respondents found the process difficult or had a concern with switching.
38. In summary, the vast majority (73%) of respondents do not see issues with switching and therefore the relatively low switching rates in and of themselves are not evidence of there being a problem in the market.

2.3.3. The evidence is more consistent with high satisfaction driving the relatively few switchers rather than a poorly functioning market

39. Given the lack of issues with the ability or perception of switching, the CMA must ask itself why there are relatively low switching rates, and whether this is symptomatic of a problem with the market or that the market is working well, with customers happy with their practices.
40. Whilst the survey does not explicitly ask about pet owners' overall satisfaction with their FOP practice, it does ask about their satisfaction with their latest visit.⁵³ This can be used as a proxy for pet owners' overall satisfaction. Table 7 below shows that satisfaction rates are very high across the market.

Table 7: Net satisfaction for latest visit to the vet

<i>Q55b: On this occasion, how satisfied were you overall with:</i>						
	Satisfied	Neither/Nor	Not satisfied	Don't know	N/A	Total
The information and/or advice you received	81%	9%	9%	<i>excl.</i>	<i>excl.</i>	2,256
The care given to your pet	88%	5%	7%	<i>excl.</i>	<i>excl.</i>	2,278
The quality of service you received	86%	6%	8%	<i>excl.</i>	<i>excl.</i>	2,282
The outcome of the visit	84%	7%	9%	<i>excl.</i>	<i>excl.</i>	2,266
The cost of the service	58%	19%	24%	<i>excl.</i>	<i>excl.</i>	2,215
<i>Base Visited the vet less than 2 years ago (excl. 'don't know or 'not applicable')</i>						

Source: CMA survey data; CRA analysis

41. Over 80% of respondents were satisfied with the information and / or advice received; the care given to their pet; the quality of service received; and the outcome of the visit. Whilst satisfaction with cost of service is lower at 58%, a more relevant question would have been to ask whether they were satisfied with the value for money that they received. However,

50 Calculated as 42 / (56+5) – exact figure differs due to rounding.

51 Calculated as 19% + 13% + 42%.

52 Calculated as 4% + 3% + 2%.

53 See Q55b - On this occasion, how satisfied were you overall with:

- The information and / or advice you received
- The care given to your pet
- The quality of service you received
- The outcome of the visit
- The cost of the service

we note that the majority of customers are still satisfied with the cost of the service in any event. High satisfaction rates are an indication that the market is working well for consumers, and it would therefore be incorrect for the Demand WP to conclude that the market is not well-functioning.

3. CHOICE OF MEDICINES

42. How consumers choose medicines is also examined in the CMA's working paper on '*How People Purchase Veterinary Services*'. The Demand WP argues that consumers may not shop around when considering purchase of medicines, and this may contribute to weak price competition between retail suppliers of veterinary medicines.⁵⁴ The Demand WP highlights the following observations from their consumer survey to support this conclusion:

1. Pet owners may be unaware that they can buy medicines from third parties.⁵⁵
2. Pet owners do not compare prices of medicines.⁵⁶

43. We consider the survey evidence for each observation in turn below.

3.1. The awareness that medicines can be bought from third parties is higher than suggested in the working paper

44. The Demand WP states that a large proportion of pet owners are unaware that they can acquire veterinary medicines from third parties, and that this may mean that pet owners do not consider other options when purchasing medicines.⁵⁷ Specifically, the Demand WP finds that 57% of respondents are aware that they can obtain a prescription from the vet practice, and buy medicine elsewhere, with 38% saying they were unaware, and 4% were not sure (see Table 8 below).⁵⁸ However we have two main concerns with this evidence.

45. *First*, not all customers need to be aware. If the number of customers who are aware is sufficient, and given the lack of price discrimination, the medicine prices will still be constrained for both those who are aware and those who are unaware. The Demand WP states that the majority of pet owners (57%) are aware that they can buy medicine elsewhere and this proportion is greater (76%) when considering medicines outside surgical procedures or emergencies (see below). Given the significant number who are aware, it is far from clear that 38% (or 24% considering medicines outside surgical procedures/needed urgently) being unaware is problematic in terms of competition.

46. *Second*, the 38% figure overstates the proportion of pet owners who were unaware that they could obtain a prescription from the vet practice and buy the medicine elsewhere. The Demand WP's analysis considered all respondents who were prescribed medicines in the last two years. However, a significant proportion of medicines (in FOPs, and particularly in referral clinics) are either used in the context of a surgical procedures, or the medicine is

54 Demand WP, page 118 ('*Our emerging view on how pet owners make choices regarding medicines.*').

55 Demand WP, page 118 ('*Our emerging view on how pet owners make choices regarding medicines.*').

56 Demand WP, paragraph 5.214.

57 Demand WP, paragraph 5.212.

58 Demand WP, paragraph 5.212(a).

required to be commenced immediately. In both of these instances, it is not possible for the pet owner to buy from third parties, and therefore it is not surprising that they would not be made aware of this possibility.

47. As such, to consider the awareness in situations where third party options are feasible, it is more appropriate to only consider the sale of medicines outside of surgical procedures or where it is not needed instantly. Although the survey does not allow us to identify these instances, a good proxy for where a third-party medicine would be feasible, is the repeat prescription medicines, which the survey considers.⁵⁹ We have therefore considered the awareness of price when restricting to those who received repeat medication.⁶⁰ This is shown in Table 8 below.

Table 8: Awareness of obtaining medication through a prescription

<i>Q91: Are you aware that you can obtain a prescription from your vet practice and get the medication elsewhere (for example a retailer, a pharmacy, or another vet)?</i>		
Yes	57%	76%
No	38%	24%
Not sure/don't know	4%	excl.
Total	1,524	564
<i>Base</i>	<i>Prescribed medicine in last 2 years.</i>	<i>Prescribed repeat medicine in last 2 years (Q92) (excl. 'don't know').</i>

Note: Q92 identifies respondents who have been repeat prescriptions in the last 2 years (Q92: *Was the medication your pet was prescribed one-off or did it involve at least one repeat prescription?*).

Source: CMA survey data; CRA analysis.

48. The table shows that the awareness that respondents could buy from third parties substantially increases, from 57% to 76% (see Table 8 above). Similarly, the level of unawareness goes down substantially from 38% to 24%.

3.2. The proportion of pet owners who compare the price of medicines is higher than the working paper suggests

49. The Demand WP also highlights that many pet owners do not compare the prices of medicines (60%), or compared but could not find any information (9%) (see Table 9 below).⁶¹ The Demand WP states that these respondents would not be aware of potential savings they may obtain from shopping around.⁶² However, again, this analysis overstates the proportion of pet owners who have not compared prices.
50. This statistic is again based on all medications, and therefore is subject to the same issues as discussed in the section above. Again, we consider repeat prescriptions only as a proxy

⁵⁹ See Q92 - *Was the medication your pet was prescribed one-off or did it involve at least one repeat prescription?*

⁶⁰ Those who responded "Repeat prescription" at Q92 were included as those who were prescribed repeat medicine in the last 2 years. (Q92: *Was the medication your pet was prescribed one-off or did it involve at least one repeat prescription?*).

⁶¹ Demand WP, paragraph 5.214.

⁶² Demand WP, paragraph 5.214.

for medications used outside the context of surgical procedures.⁶³ This shows that the proportion of pet owners who do not compare the price reduces to 45% - the same as the proportion who do compare and find information.

Table 9: Comparison of medication prices

<i>Q98: Which ONE of the following statements best describes you?</i>		
I have compared the price of my pet medication	30%	45%
I have tried to compare the price but couldn't find information	9%	10%
I have not tried to compare the price	60%	45%
Don't remember	2%	excl.
Total	1,500	582
<i>Base</i>	<i>Prescribed medicine in last 2 years.</i>	<i>Prescribed repeat medicine in last 2 years (Q92) (excl. 'don't know').</i>

Note: Q92 identifies respondents who have been repeat prescriptions in the last 2 years (Q92: *Was the medication your pet was prescribed one-off or did it involve at least one repeat prescription?*).

Source: CMA survey data; CRA analysis.

⁶³ Those who responded "Repeat prescription" at Q92 were included as those who were prescribed repeat medicine in the last 2 years. (Q92: *Was the medication your pet was prescribed one-off or did it involve at least one repeat prescription?*).

APPENDIX A

Table 10: Reason for choosing FOP practice for those who considered a single practice

Q13: Still thinking about your current vet practice, thinking back to when you registered with them, why did you choose/pick this vet practice, rather than another? Responses for those who considered a single practice at Q12B.			
Location	70%	68%	68%
Recommendations (friends, family, etc.)	43%	39%	42%
Impression of the practice, staff, website	26%	26%	27%
Prices	18%	22%	22%
Appointment availability	25%	25%	24%
Services offered	20%	24%	23%
Opening hours	23%	24%	22%
Parking and transport	26%	23%	25%
Practice ownership	20%	20%	20%
Online reviews	12%	18%	18%
A special offer	3%	5%	5%
I didn't have a choice	1%	1%	0%
Other	3%	2%	2%
Don't know/can't remember	excl.	excl.	excl.
Total	893	262	216
Base	Have been with practice <10 years and only considered 1 vet practice (Q12B) (excl. 'don't know')	...and chose practice <2 years ago (Q11)	...and excl. areas with no other vet practices (Q12D)

Note: Q12B identifies respondents who considered a single practice (Q12B: *And which of the following best describes how you chose your current vet practice?*). Q11 identifies respondents who have been with the practice for less than two years (Q11: *How long have you been with this vet practice?*). Q12D identifies respondents in areas with no other vet practices (Q12D: *What was the main reason why you didn't feel that you had a choice?*).

'Other' includes respondents assigned to the new categories "Specialisms - expertise etc.", "Pet plan available", "For a particular vet", "Vet/practice know my pet - have relationship".

The total number of respondents excludes those who responded "Don't know/can't remember" at Q13. Respondents who stated "Other" in response to Q13 but were not back coded to either a preset response, or to new category, are included in the total but are not represented in the response options (these are 11 of the 893 respondents; and 2 of the 262/216 respondents).

Source: CMA survey data; CRA analysis.