



Vets Market Investigation (MI) Remedies – Consumer Research

Final Report

December 2025

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Glossary of key terms and abbreviations

Term / acronym	Definition
Competition and Markets Authority (CMA)	The UK's principal regulator for competition and consumer protection. The CMA is an independent non-ministerial department.
Electronic prescription	For the purposes of this research, we are referring to digital versions of a veterinary prescription sent to a customer electronically.
First Opinion Practice (FOP)	General veterinary practices that provide primary care for pets. Vets at such practices are a first point of contact for pet owners and can refer more complex cases to an Advanced Practitioner, a Specialist or referral centres when advanced care is needed.
Independent	Any veterinary business which is not a Large Veterinary Group [LVG]
Large veterinary group (LVG)	Any of the six largest veterinary groups in the UK: CVS, IVC, Linnaeus, Medivet, Pets at Home, and VetPartners.
Large veterinary group (LVG) Practice	A practice that is part of a large group owned, in whole or in part, by one of six companies: Pets at Home, Medivet, IVC, Linnaeus, CVS and VetPartners.
Non-LVG practice	Any veterinary practice not owned by one of the six large veterinary groups. In this report, we refer to any customers not part of a large veterinary group as 'Non-LVG practice customers'.
Non-routine treatment	Non-routine treatments include consultations, diagnosis or treatments when a pet is unwell or injured, or surgeries (not neutering) or diagnostic tests such as X-rays, biopsies and blood tests.
Online pharmacy	A digital platform or website that is licensed to dispense veterinary medicines and health products directly to pet owners, based on a valid prescription or over-the-counter availability.
Pet health plan	Paid plans offered by veterinary practices for a monthly or annual subscription fee. They typically cover routine medication and services which may include annual vaccinations, checkups, and preventative treatments against fleas and worm.

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Referral	<p>When a veterinary professional recommends that a pet is seen by another vet (often at another practice, but it could be a Specialist vet within the same practice), to receive an expert opinion or a specialist treatment. Referral services may include, for example, specialist imaging, dentistry or complicated surgery.</p>
Repeat medicine	<p>A medicine that a pet will be on for a long period of time, and the pet will not need to see the veterinary professional every time it is dispensed. Examples include insulin, chronic arthritis medicines, and preventative flea, tick and wormers.</p>
Royal College of Veterinary Surgeons (RCVS)	<p>The RCVS is the regulator for veterinary practitioners and the accrediting body for veterinary education.</p>
Small group	<p>A group of practices which is not an LVG.</p>
Veterinary services	<p>For the purposes of this research, these include, but are not limited to, the provision of:</p> <ul style="list-style-type: none"> • first opinion practice services; • out-of-hours first opinion services; • diagnostic services; • animal hospital services; • referral centre services; • pet cremation services; • pet care plans; and, • prescribed veterinary medicines.
Veterinary treatments	<p>For the purposes of this research, a veterinary treatment refers to any medical or therapeutic intervention provided by a veterinarian to diagnose, manage, or cure a health condition in an animal. This can include:</p> <ul style="list-style-type: none"> • preventative care such as vaccinations or flea and worming treatment; • medical treatments, for example prescribing medications for infections, allergies, or chronic conditions; • surgical procedures ranging from spaying/neutering to complex operations like tumour removal; • diagnostic services: including blood tests, X-rays and MRI scans; • emergency care for injuries or sudden illness; and, • rehabilitative therapies such as physiotherapy or hydrotherapy.

1. Executive summary

1.1 Background

The Competition and Markets Authority (CMA) launched a market investigation into veterinary services for household pets in May 2024 in response to growing concerns around pricing of services, transparency of information and a significant shift in the ownership of vet practices, with roughly three in five practices owned by large corporate groups.

The CMA's Vet Users Survey, a large-scale pet owner survey, was conducted in late 2024, with findings published in January 2025.¹ This was part of an evidence base that informed a series of working papers, including the Remedies Working Paper², which outlined potential consumer-facing remedies.

To support further development of the remedies, Blue Marble Research carried out qualitative research on behalf of the CMA with pet owners from across the UK. Through a series of focus groups, the research explored pet owners' experiences of veterinary services and their reactions to potential remedies developed by the CMA.

1.2 Research approach

1,002 customers of veterinary practices who had taken part in the CMA's Vet Users Survey said they were prepared to be contacted for follow-up qualitative research. Of these, 223 pet owners subsequently registered to take part in this research, and 70 were chosen to participate in the focus group sessions. Blue Marble conducted 12 focus groups, each lasting approximately 90 minutes.

Participants were invited to share their views on a range of potential consumer-facing remedies, weighing up the pros and cons, and actively contributing to suggestions for further refinement and development of the propositions.

The focus group data was subsequently analysed by categorising insights according to specific questions and themes. This approach enabled the identification of recurring patterns, as well as notable differences in the perspectives shared by individual participants and sub-groups.

1.3 Context

The qualitative approach was employed to explore the deeper issues, experiences, and motivations behind behaviour, rather than quantifying results through statistics. Insights offer a directional view rather than a statistically representative one. Responses may have been

¹ [CMA, Accent \(2025\) Vet Users Survey Final Report](#)

² [CMA \(2025\) Remedies - Vet Market Investigation Working Paper](#)

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shaped by the way the stimulus materials were introduced and sequenced; these materials were early, conceptual drafts and may not reflect the final form of the remedies.

While this methodology offers valuable insight into potential misperceptions, motivations, sentiments, and reactions to the materials, it is not designed to predict the precise impact or effectiveness of the concepts under discussion - particularly those that represent significant departures from current practice.

This research took place when the CMA was developing remedies to be included in its provisional decision report (PDR)³. Therefore, the remedy information included in this report has some difference in detail from that published in the PDR and should not be taken as the exact form of the proposed remedies.

1.4 Key findings

Experiences of choosing a FOP:

Participants reported that choice of vet practice was typically driven by ease of access, personal recommendations and online reviews, with price comparisons also cited. While less frequently mentioned, practice ownership and specialist facilities were important to a small minority. Most found the process easy, especially when options were limited or they had received a strong recommendation. A few described more effort and uncertainty, particularly when lacking local knowledge. Limited local options and the effort and uncertainty involved were key barriers to switching, though poor care, issues with cost, and service changes following a change in ownership could prompt movement. Whilst practical details and online reviews were easy to find, numerous participants reported difficulty locating pricing information.

Perceptions of veterinary practice ownership:

Awareness of vet practice ownership was mixed, with a few participants unaware their practice was part of a large veterinary group (LVG) and surprised to learn this. While a minority actively sought out independent practices, most prioritised the convenience and care quality of their practice over ownership. Perceptions of LVGs were nuanced: underpinned by group-level resources, they were often seen as more financially resilient – enabling continuity of care over the long term, and as offering more consistent, standardised service and a broader range of clinical options than independent practices. However, they were also associated with higher prices and upselling, less personal care, and higher staff turnover. Several felt ownership should be clearly disclosed to support informed choice.

Response to Remedy 1 - Making ownership clear to consumers (CMA Remedy 1):

There was broad support for the CMA's potential requirement for vet practices to clearly disclose their ownership status. Pet owners felt transparency was good practice that builds trust and helps customers make informed choices, even if they felt ownership was not a major factor in decision-making compared to location, care quality, or cost. Many suggested

³ <https://www.gov.uk/cma-cases/veterinary-services-market-for-pets-review#provisional-findings>

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that it be displayed prominently across all signage, websites, communications, and promotional materials so that it is immediately visible and clearly signals the practice's association with any group.

Response to Remedy 2 - Satisfaction survey (CMA Remedy 4):

Reaction to the CMA's potential customer satisfaction survey was muted. While some saw value in comparing large groups' overall feedback, many suggested the results would not influence how they chose their veterinary practice given a perceived lack of granularity offered by group-level data; most preferred practice-level reviews that reflect personal, individual experiences at a specific practice. There were also concerns that the survey would be open to manipulation by the large groups and a perception that the results were unlikely to drive meaningful change. Several felt the survey would be more meaningful if accompanied by evidence of any improvements made by LVGs in response to their survey results.

Attitudes towards provision of pricing information:

Cost was the most frequently cited information need when using a vet, with participants consistently calling for clearer, upfront pricing. Many struggled to find price details online or in practice, and some felt uncomfortable asking directly. Emotional attachment to pets often complicated decisions, with several feeling compelled to proceed with treatment regardless of cost. Estimates were commonly vague and final bills frequently exceeded expectations, prompting calls for greater transparency, especially around non-routine treatments and incidental expenses associated with these (for example bathing following a procedure). It became apparent that a few had not received an itemised bill unless it was specifically requested, leading to a perception of limited transparency.

Response to Remedy 3 - Mandatory pricing information (CMA Remedy 2b):

Pet owners strongly welcomed the potential pricing disclosure requirements, valuing clearer and more prominent upfront information as a way to support informed decisions and ease anxiety around potential expenditure. Many considered that it would be most effective for routine treatments which have low potential for price variation. However, some flagged limitations, including lower relevance in emergencies and perceived loopholes about variable price disclaimers that could undermine the usefulness of the lists. A few felt that while price comparisons were useful in theory, acting on them when seeking a specific treatment was unrealistic due to practical barriers of going somewhere other than their FOP.

Response to Remedy 4 - Comparison website (CMA Remedy 3):

The concept of a veterinary comparison website drew broad interest, with participants seeing potential to use it when choosing a new practice, sense-checking prices or budgeting for care. The idea was particularly welcomed when moving or seeking high-cost treatments. However, several barriers to use emerged. Concerns were raised around data accuracy, the lack of quality rating metrics, and a feeling it was 'impractical' to shop around and go elsewhere for a specific treatment. Several felt the site would be less useful in emergencies

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or for those with limited local options, and a minority worried it could place undue burden on smaller practices.

Experiences of using pet health plans:

Views on pet health plans were mixed. Slightly more participants opted not to subscribe, citing poor value, unused services, and a preference for one-off payments. Those who did subscribe valued the peace of mind, cost spreading, and convenience - particularly for younger pets which need a greater number of routine treatments than older pets. However, understanding of value was often limited; few had compared costs in detail, and several said they were unclear on what their plan saved them.

Response to Remedy 5 - Pet health plan calculator:

Interest in the potential pet health plan calculator was modest. While many saw its potential in helping to assess value for money and simplify comparisons, uncertainty about whether it required switching practices reduced its appeal. Those already uninterested in pet health plans were unlikely to use it, and most others said they would only engage with such a tool if they were unhappy with treatment from their current vets or considering changing vets.

Response to Remedy 6a - Written price information for treatments (CMA Remedy 5a):

Written estimates were seen as a positive step, improving clarity, supporting calmer decision-making and signalling greater price transparency - something pet owners consistently prioritised. However, they were considered less relevant in emergencies, with pet owners unlikely to delay treatment for their pet. Participants were generally resistant to the idea of consultation costs increasing as a result of the remedy: many felt such increases were unlikely or unjustified because providing the information would require little additional effort. At the same time, they were also resistant to the prospect of paying more. Consequently, while cost concerns did not lead them to reject the remedy outright, it remained unclear whether they believed price increases would actually occur, or how much they might be prepared to tolerate. It appeared that pet owners' overriding need was for greater transparency in general, something that they suggested could be improved through other measures like giving clearer distinctions between essential and optional treatments, and obtaining consent for added costs.

Response to Remedy 6b - Additional information for referrals (CMA Remedy 5a):

Providing more information about referral options was broadly supported, but many struggled to see how this remedy related to their FOP where their pet required a referral to another practitioner. While prices were still seen as helpful for budgeting, few were interested in other details, perceiving that their options for referral were limited due to their location, or that the options given would not be comprehensive because they were driven by commercial relationships, for example an LVG practice supplying only options that are part of the same group.

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Experiences of purchasing veterinary medicines:

While many participants were aware that prescription medicines could be bought outside their veterinary practice, this awareness was mainly linked to online pharmacies. Cost was a key driver for those purchasing elsewhere, with lower prices often seen as worth the extra effort involved. For those who continued to buy in-practice, barriers included limited awareness of alternatives, the convenience of obtaining medicines immediately, greater confidence in the safety and reliability of their usual provider and loyalty to financially supporting their practice.

Response to Remedy 7 - Standardised information about prescriptions (CMA Remedy 7):

The idea was strongly supported; pet owners felt this remedy would boost awareness and confidence in buying medicines elsewhere, particularly for those unfamiliar with online options. Most agreed that communicating this through multiple channels would be effective, and limiting it to relevant communications such as bills would avoid overkill. While concerns were limited overall and did not outweigh overall support, concerns focused on over-communication, enforcement challenges and possible knock-on effects such as higher fees or reduced in-practice availability.

Response to Remedy 8a - Written or electronic prescriptions (CMA Remedy 11):

There was broad consensus that having a choice of prescription format is useful and important. While most considered electronic prescriptions more convenient, especially for repeat medicines, there was a perception that a written prescription issued before leaving the practice could be more suitable for a pressing health need than an e-prescription which may not be issued until the end of the day, and also better for those who were less digitally confident. A few raised concerns that not all dispensaries would accept electronic prescriptions, reinforcing the perceived need to maintain both options.

Response to Remedy 8b - Maximum prescription charge (CMA Remedy 11):

The reaction to capping prescription charges was strongly positive. Pet owners perceived that it would lower costs for many and that the potential price range felt reasonable for a basic service. While a couple went further and considered a single standardised charge more appropriate, and a few raised concerns about financial impacts on practices and potential cost-shifting to other services, these worries did not significantly diminish the strong support for introducing a cap.

Response to Remedy 9 - In-house/prescription defaults (CMA Remedy 10):

This remedy had limited appeal for pet owners, who perceived little need to change their current system of deciding prescription type as and when needed. It was the least intuitive remedy for participants, who struggled to visualise how it would work and the benefits it might offer to consumers. This was driven by the fact many said they prefer to choose their prescription type each time and felt automatic defaults risked confusion, extra costs and reduced flexibility. The remedy's requirement to explicitly flag that it would be significantly

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more expensive to buy repeat medicines in the vet practice than online was often viewed as beyond a vet's remit.

2. Background, objectives, and approach

2.1 Background to the research

Around three in five UK households own a pet, making veterinary services a key consumer concern. In recent years, the cost of these services has risen faster than inflation, raising questions about value for money, with the added context that there is little transparency on prices charged by practices. At the same time, the ownership of vet practices has shifted significantly, with nearly 60% now owned by large corporate groups – up from just 10% in 2013. In many cases, pet owners may be unaware that their local vet practice is part of an LVG, or that a connected company provides services such as diagnostics or treatments.

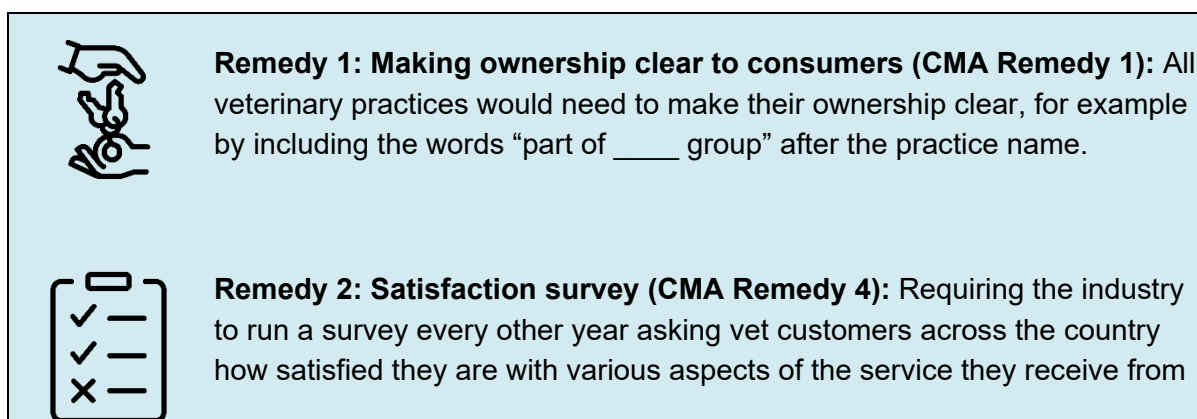
In response to growing concerns, the CMA launched a market investigation into veterinary services for household pets in May 2024, following a market review and consultation in 2023. A large-scale pet owner survey was conducted in late 2024, with findings published in January 2025. This was part of an evidence base that informed a series of working papers, including the [Remedies Working Paper](#), which outlined potential consumer-facing remedies.

To support further development of the remedies, Blue Marble carried out qualitative research on behalf of the CMA with pet owners from across the UK. Through a series of focus groups, the research explored customers' experiences of veterinary services, as well as reactions to some of the potential remedies developed by the CMA.

The core objectives for this project were:

1. Capture and explore pet owners' reactions to potential remedies and possible means of delivery.
2. Explore with pet owners their current behaviours as a means of testing assumptions underpinning remedies.
3. Discuss with pet owners the clarity and perceived value of the content and delivery of the potential customer facing remedies.

Figure 1: Remedies at a glance



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their practice, including cost. Results would be published – potentially on the RCVS website.



Remedy 3: Mandatory pricing information (CMA Remedy 2b): Requiring veterinary practices to include certain information on their websites, including key details about pricing.



Remedy 4: Comparison website (CMA Remedy 3): A comparison website that enables pet owners to search for a vet in their local area when choosing or switching to a vet practice or looking for prices for a particular treatment. Information would include different services offered and price lists.



Remedy 5: Pet health plan calculator: A feature of the comparison website allowing pet owners to calculate the likely savings (or extra costs) of taking out a pet health plan.



Remedy 6: Written information about treatment and referral options (CMA Remedy 5a): Requiring vets to provide written price information about a recommended treatment option if the total cost of the treatment exceeds a certain value, and vets obtaining information about other options for referrals on behalf of customers



Remedy 7: Standardised information about prescriptions (CMA Remedy 7): This would include letting pet owners know they can request a written prescription to purchase medicines elsewhere, potentially leading to cost savings.



Remedy 8: Prescription types (CMA Remedy 11): Giving customers the option to request a written or electronic prescription, and setting a maximum charge for issuing a prescription.



Remedy 9: Default for repeat prescriptions (CMA Remedy 10): Allowing customers to choose how they will automatically receive any repeat medicine.

2.2 Research approach

2.2.1 Recruitment

The findings of this report are based on a total of 70 vet customers (35 participants per topic module). All participants in this research were opt-ins from the CMA’s Vet Users Survey (conducted in late 2024) who registered interest in participating in follow up qualitative research in that survey.

Blue Marble invited the 1,002 survey opt-ins to complete an initial online sign-up form. Response rates were strong: of those invited, 223 (22%) registered to take part in the qualitative research. Potential participants were then screened by telephone to confirm they met the study quotas (see section 2.3) and could participate effectively in a group discussion. Targeted recruitment was used where required, with additional email reminders sent to individuals within key subgroups and demographics to boost participation. To encourage participation, Blue Marble provided incentive payments of £60 per participant.

Recruitment began on 3rd September 2025 and continued until the end of fieldwork.

2.2.2 Qualitative fieldwork

The fieldwork comprised 12 focus groups (six per topic module). Each session lasted approximately 90 minutes, allowing participants to express their views fully and enabling the research to explore key issues in sufficient depth. The focus group format allowed exploration of complex behaviours, attitudes and perceptions in dynamic and interactive settings, provoking spontaneous discussion and enabling participants to build on ideas.

Discussions were held on Zoom, which supported participation from across the UK and provided greater flexibility in scheduling to accommodate participants’ lifestyle patterns. All fieldwork was conducted between 23rd September and 2nd October 2025.

Participants were invited to share their views on a range of customer-facing remedies, considering their advantages and disadvantages and contributing to their refinement and development. Additional contextual areas were also explored, including how participants selected their veterinary practice and how decisions were made regarding treatments and medicines for their pets.

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Moderators are expert in observing and probing where they believe a participant can further share important viewpoints and insights, including when a topic has garnered a strong negative emotional reaction, or to clarify any ambiguities. Findings from focus groups may emerge which the researcher and client had not previously considered, offering a distinct advantage over pre-determined quantitative surveys which tend to be more rigid.

Online qualitative methods can come with certain drawbacks, for example participants may have trouble joining the call or experience poor Wi-Fi connectivity during it, sometimes making communication less smooth than it would be face-to-face. However, moderators are trained to be flexible and adaptable should these issues arise. Other members of the Blue Marble team were also on-hand to assist with onboarding participants, helping to deal with any technical issues and ensuring groups ran on time.

2.2.3 Analysis and reporting

Data from the focus groups was analysed using session recordings and manual researcher notes. Analysis followed an iterative, thematic approach consistent with qualitative best practice. Researchers first reviewed their own sessions to identify emerging concepts and recurring patterns. These early observations were brought together in a collaborative analysis meeting, where the team compared insights across all groups and agreed a shared set of themes and sub-themes.

This shared set of themes served as a simple coding framework to structure the review of the data. Researchers revisited their notes and recordings and mapped participants' comments against these themes, helping to ensure consistency in interpretation and allowing systematic comparison across questions, groups, and participant types.

While qualitative findings are not statistically robust - because they rely on purposive sampling and depth of insight rather than numerical generalisation - they are robust in other ways. Rigour was supported through consistent facilitation across all 12 focus groups using a shared discussion guide, and through the collaborative cross-researcher analysis process that carefully examined differing perspectives and identified key overarching findings.

2.3 Sample structure

The sample incorporated fixed quotas, as required by the CMA, to ensure participants represented specific subgroups. For Module 1, these quotas were based on practice ownership status and pet type, while for Module 2, they included pet type, the treatments or services received, and prescription medicine types. In addition to these fixed criteria, the research employed purposive sampling across diverse demographics to capture key voices and a wide range of customer perspectives. This approach ensured that the findings reflected the diversity of pet owners to an appropriate and reasonable extent.

As with most research projects, practical constraints, such as timelines and participant responsiveness, influenced what could be achieved. Nonetheless, the sampling successfully met the key hard quotas and captured a robust mix of additional characteristics, ensuring the sample was as representative as possible.

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The 12 focus groups were split equally into two topic modules (35 participants per module):



Module 1 – Choice of First Opinion Practices: Participants grouped according to pet and ownership type. Groups explored vet practice ownership and pricing transparency. Remedies included mandatory price listing, comparison website, pet health plan calculator.



Module 2 – Treatments, Referrals & Medicines: Participants grouped by pet type, type of treatment, service, or medicine received. Explored treatment and referral experiences, and purchasing medicines. Remedies included written price information, standardised information, prescription types and defaults for repeat prescriptions.

Table 1: Sample structure: Module 1 Criteria

Module 1	Participants	Pet	Customer of
Group 1	6	Dog	Small group or independent practice
Group 2	6	Cat	Small group or independent practice
Group 3	6	Dog	LVG
Group 4	6	Dog	LVG
Group 5	6	Cat	LVG
Group 6	5	Cat	LVG

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Table 2: Sample structure: Module 2 Criteria

Module 2	Participants	Pet	Treatment or service	Prescription medicines
Group 1	5	Any	Referrals	Any
Group 2	7	Any	Non-routine treatment at last visit	Any
Group 3	7	Dogs	Any	None or one-off
Group 4	5	Cats	Any	None or one-off
Group 5	6	Dogs	Any	Repeat
Group 6	5	Cats	Any	Repeat

To ensure that key perspectives were adequately represented, the CMA requested that a broad and inclusive range of participant subgroups was recruited. Although strict quotas were not applied to these subgroups, deliberate efforts were made to achieve a diverse composition of individuals from across the UK, reflecting variation in demographic characteristics, geographical location, and other relevant experiences.

Table 3: Sample structure: Demographics

Quota type	Quota	Module 1 participants	Module 2 participants
Gender	Male	16	11
	Female	19	24
Age	18-24	0	1
	25-34	8	3
	35-44	3	3
	45-54	11	11
	55-64	7	9
	65-74	4	6
	75+	2	2
Location	South-West	6	1
	South-East	7	11

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	Greater London	2	4
	East of England	6	2
	West Midlands	0	3
	East Midlands	2	3
	Yorkshire & Humberside	5	2
	North-West	2	1
	North-East	2	2
	Wales	2	1
	Scotland	1	4
	Northern Ireland	0	1
Annual household income	Up to £9,999	1	0
	£10,000 to £20,999	4	2
	£21,000 to £31,999	3	2
	£32,000 to £41,999	6	1
	£42,000 to £51,999	4	9
	£52,000 to £74,999	9	12
	£75,000 to £99,999	3	4
	£100,000 or more	3	2
	Don't know	0	1
	Prefer not to say	2	2

Table 4: Sample structure: Veterinary practice types and plans

Quota type	Quota	Module 1 participants	Module 2 participants
Perceived ownership type	Correct	25	26
	Incorrect	7	4
	Unsure	3	5
Actual ownership type	Independent or small group practice	12	21
	IVC Evidensia	5	5
	CVS Group	3	1
	Pets at Home	6	4
	Linnaeus	1	2

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	Medivet	4	2
	VetPartners	4	0
Pet health plan owner	Yes	14	13
	No	21	22
Pet insurance owner	Yes	21	24
	No	14	11

2.4 Methodological notes

2.4.1 Limitations and interpretation of qualitative research

Qualitative research is centred on exploring underlying issues, personal experiences, and motivations. Samples used in this approach are purposive and based on certain quotas, designed to achieve specific insights rather than statistical representation. As a result, qualitative data cannot be used to quantify how many people hold particular views. For methodological reasons, it is inappropriate to report findings based on the number of participants expressing a view. While the responses are not representative of the wider population, they can offer strong indications of prevailing attitudes. Accordingly, the findings in this report are presented in qualitative terms. To reflect the relative strength of views expressed during focus groups, this report has used descriptors such as ‘a small number’, ‘many’, ‘most’, and ‘all’.

As with any qualitative research, there are important considerations and limitations to bear in mind when interpreting these insights. Some of the findings of this report rely on participants’ memory and personal understanding, which may be imprecise and sometimes rationalised after the fact. Also, participants were responding in a group setting, which may have influenced their answers for example through social desirability or conformity. Being aware of these potential limitations, the research was designed to minimise these effects through careful design of the discussion guide and facilitation of the group discussion.

3. Main findings

Prior to discussing each remedy under consideration by the CMA, participants were invited to talk about the context relevant to that remedy, including experiences with veterinary practices, use of pet health plans, experiences with recent treatments or referrals and the purchase of medicines. The remedy was then presented, and participants discussed its potential benefits, drawbacks, and possible refinements. This process was repeated for the range of remedies under consideration, with some context discussions applying to multiple remedies.

3.1 Consumer context: Choice of First Opinion Practice (FOP)

3.1.1 Factors influencing choice of veterinary practice

Participants expressed a range of factors that influenced their choice of practice. The most frequently mentioned are outlined below.

- **Location and access:** The factor most frequently mentioned by participants; many actively sought practices that were near to their home and easily accessible, for example practices that they could walk to or that have free parking.

“Locality – it’s only about four miles away, they’ve got free parking. It’s more for convenience than anything else.”

45-54, LVG practice customer

- **Reviews and recommendations:** Many said that online reviews influenced their choice of practice because they gave an indication of the quality of care that could be expected. Similarly, participants often based their choice on recommendations from friends, people in their local area, and online community groups.

“My choice was based on google reviews and word of mouth – the vet was actually one of the furthest away! I got most of the information from speaking to people in the area.”

25-34, Non-LVG practice customer

- **Prices/value:** Several considered cost when choosing a FOP and described looking at different practice websites to sense check the price of different services, although some noted that this information was difficult to find. A few also mentioned that they were attracted to a particular practice due to the value of pet health plans offered.

“I took my kittens in, and they were doing a deal for neutering, chipping, vaccinations and flea and worm treatment. I could pay in instalments every month... that’s why I ended up choosing them.”

35-44, LVG practice customer

Less cited factors influencing practice choice included:

- **Ownership:** A minority actively sought independent practices, researching ownership status before signing up. Most, however, prioritised convenience and quality when looking for a practice, stating that ownership was secondary to location, reputation, or the quality of care provided by individual staff.

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“If they are providing a great service, you’re getting value for money and it is a personal service, I don’t care if it’s corporate or not.”

45-54, Non-LVG practice customer

- **Services and facilities:** A small minority said they chose their vet practice due to the array of services offered, such as 24-hour or emergency hospitals or facilities for exotic pets. For example, one participant owned a cat that needs specialist eye care, so their choice of vet was based on where this was available.

A majority found the process of choosing a FOP straightforward, particularly where local options were limited, a specific practice offered clear convenience and accessibility, or they had received strong personal recommendations. A small minority, however, found the process more difficult, particularly those who had recently moved location or lacked access to personal recommendations. Some of these individuals described undertaking lengthy online research and feeling uncertain about their final choice. In particular, some suggested that online reviews were less reliable than personal recommendations, as they tended to capture only very good or very poor experiences, rather than average ones.

“I thought it was actually quite hard... I did it based on reviews, and when you move to a new area you don’t necessarily have people’s experience to lean in to.”

25-34, Non-LVG customer

3.1.2 Drivers and barriers to changing vet practices

A few participants said they had recently considered moving practice, with drivers including:

- **Poor quality of care.** Some participants said they had received poor service from their current practice. For example, one participant’s dog died and they were not happy with how the situation was handled, prompting them to consider changing.
- **High cost.** A few noted that prices had gone up dramatically in recent years. One participant said they had tried to move because of this, but remained “stuck” at their current practice due to long waiting lists.

“Like most vets, their charges have doubled or tripled. I was really shocked when I got my latest bill.”

45-54, LVG practice customer

- **Service limitations.** A small minority of participants had considered changing veterinary practices in response to specific service needs, such as access to 24-hour hospital facilities or extended opening hours.
- **Change in service after new ownership:** One participant had changed practice two months prior to the focus group. They had been with an independent practitioner for

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years, but the vet had become ill, and the practice was taken over by a large group. They felt the service became less personal.

“We decided to move largely because the prices went up dramatically... It became very impersonal and when we moved vets, we went back to [an independent] one.”

75+, Non-LVG practice customer

- **Positive experience elsewhere.** One participant had contemplated changing practice upon hearing favourable reviews of a different practice in their area; however, they subsequently learned that the practice was not accepting new clients.

Most participants had either not seriously considered changing their veterinary practice or had thought about it but ultimately decided against doing so. Their reasons included:

- **Loyalty and trust.** Some reported having been with their veterinary practice for a long time, in some cases over 20 years. These individuals expressed a strong sense of loyalty, despite one participant noting that their own experiences had varied at their practice depending on factors such as which practitioner they consulted within the practice.

“My family have been associated with them for 40+ years, and I have been using them myself for 20 odd years. They’re independent which is good, but it depends very much on the vets and management style which has changed over the years.”

45-54, Non-LVG practice customer

- **Effort and uncertainty:** A few said they preferred to stay with their current practice even if the service was not ideal; they said they were put off moving to a new practice due to the hassle, particularly as it was not guaranteed that it would lead to better outcomes for their pet.

“It’s a case of better the devil you know. At least if you’ve been with a practice, you know what to expect.”

45-54, LVG practice customer

- **Health plans as a retention mechanism:** A few mentioned that they were more likely to stay with their existing practice because they were signed up to the health plan which it offered.
- **Limited local options:** One participant said all the practices in their area were owned by the same large group and it would be “pointless” to change as the pricing would be similar.

“I just stick with the practice I’m in because of the ease of parking and I know the individual vets, but for any sort of broader pricing reason, there’d be no benefit in changing.”

45-54, LVG practice customer

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3.1.3 Experiences of finding information when choosing a FOP

When choosing a veterinary practice, participants described various types of information sought. The most common themes raised were:

- **Practical information** e.g. opening hours, facilities. Participants said it was relatively easy to find this kind of information on practice websites. One participant had also used the RCVS database to find information on overnight care and hospital facilities.
- **Quality of service.** Many participants said they sought indicators of service quality and generally found it straightforward to obtain a sense of this through online sources such as Trustpilot or Google reviews.
- **Prices.** Information about pricing was less frequently sought when choosing a practice; participants said they tended to look into prices only when they needed to use a service, as detailed in section 3.4.1. For most, pricing was hard to find, but a minority had found price lists on a practice's website, and a few mentioned looking at pet health plan details prior to sign-up.

"I did a quick reccy of prices with regards to bog standard vaccination charges... just a cursory look to make sure they were all within the same ballpark."

55-64, LVG practice customer

- **Ownership:** Only a few sought this information when choosing a FOP. Ease of finding information on ownership varied by practice; included in the practice logo, easily visible on its website, included in small print or simply not available anywhere.

"It's not on any signage or the invoicing you get. Had we not scrolled down to the bottom of the website we'd have never found out."

45-54, LVG practice customer

3.2 Remedy 1: Making ownership clear to consumers (CMA Remedy 1)

Veterinary practices range from being a single independent practice or part of a small group of practices, to being part of a large group of more than a hundred practices owned by a single parent company. Altogether, roughly three in five veterinary practices in the UK are owned (wholly or in part) by one of six Large Veterinary Groups (LVGs): Pets at Home, Medivet, IVC, Linnaeus, CVS and VetPartners. Many LVG practices retain their original practice name following acquisition, however Pets at Home and Medivet use uniform branding across their practices. The largest LVG, IVC, owns 900 practices.

The CMA is considering a requirement for practices that are part of a group to make this clear to consumers, for example by including the words "part of the _____ group" after the practice name. This would include the six LVGs, but also any other practice which is part of a group.

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3.2.1 Attitudes towards veterinary practice ownership

Awareness of ownership type

Overall, there was high awareness amongst participants of the ownership status of their practice; all non-LVG practice participants, and the majority of those who used an LVG practice, correctly identified the ownership type. However, this group may have been better informed about ownership than typical users of veterinary services, as their participation in the pet owners' survey, which included questions on ownership, may have prompted them to look this information up.

Exploring the impact of practice exterior on consumer perception of practice ownership

Participants were shown pictures of four vet practices (see below) and were asked to say whether they felt the practices were independent or part of an LVG. Across all groups, the majority assumed Broadway (bottom left) was independent and many were surprised when they were told it was part of an LVG. Several expressed significant concern that some LVG practices do not make clear that they are owned by a group, and a few spontaneously suggested that practices should be required to display their ownership status.



Figure 2: Pictures of four LVG practices - Medivet, IVC, Linnaeus and Vets 4 Pets *

* Signage shown as accessed online in October 2025

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A sizeable minority of participants believed their practice was independently owned, despite recruitment data confirming that it was part of an LVG. These participants expressed surprise - and in some cases, shock - upon learning this during the discussion, describing a perceived lack of transparency that they found misleading.

“When they changed management, they sort of did it on the sly. They could have been a lot clearer; they just changed management and that was it.”

35-44, LVG practice customer (incorrect ownership attribution)

A small minority had found out their practice was not independent after joining, learning from personal networks or in ‘*fine print*’, for example on the practice website.

Perceptions of LVG practices

Perceptions of LVG practices varied across the participant groups; customers of non-LVG practices tended to hold negative views of LVG practices, whilst those who attended LVG practices often recognised a mix of positives and negatives. Those who had experienced significant service issues as a customer of an LVG practice were usually more critical of them.

Positive perceptions included:

- **Greater financial stability:** Seen as having group-level backing, which was believed to offer financial resilience and the ability to withstand economic pressures.

“A big company is more likely to survive, so for the longevity of your pet, you’d like to see the same vet. So, knowing they’re a big company, you’re more likely to stay with them over the lifetime of your pet.”

55-64, LVG practice customer

- **A wider service and product range:** Believed to have greater financial resources, resulting in a broader selection of products and services, including 24-hour emergency care or access to sister sites. For example, one participant said that when his practice became part of an LVG, they were pleased to notice an increase in the range of pet products available at the practice.
- **Standardised processes and oversight:** Considered more likely to have structured approaches to staff development and practice management, which may support higher standards of care.

“Hopefully large groups have a good oversight of their vets and ensure they are having continual professional development. You know they are being held to a certain standard that a smaller vet might not be.”

45-54, LVG practice customer

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- **Focus on service to avoid brand damage:** Believed to be motivated by long-term customer relationships and brand reputation, which was thought to encourage consistent pricing and service.

Negative perceptions included:

- **Financially motivated:** Considered more expensive than independent practices and more prone to upselling to meet financial targets or earn commission.

“Some of them are owned by private equity. Why are people who are private investors going into veterinary care, if not to make a profit?”

65-74, Non-LVG practice customer

- **Transactional service:** Linked to the above, LVG practices were seen as process-orientated, resulting in a service experience that felt somewhat transactional rather than personal.
- **High staff turnover:** Perception that LVGs commonly offer limited continuity of care due to frequent staff changes; several LVG practice customers said they rarely saw the same vet twice.

“You just see whoever is available at the time and they have the notes from the previous vet. There’s not really a personal attachment to the care you get”.

55-64, LVG practice customer

- **Less transparent:** Considered less open about ownership. However, it is important to note that this perception may have been influenced by the earlier discussion around Stimulus A, which prompted many to feel that the LVG behind Broadway had intentionally not clearly disclosed ownership.

Perceptions of non-LVGs

Perceptions of independent practices were broadly positive across the participant groups, with many strengths identified. However, some perceived drawbacks were also noted, often in comparison to what LVG practices were thought to offer.

Positive perceptions included:

- **Personalised care:** Considered to foster strong relationships with their customers. For example, one participant had experiences of both ownership types and felt the independent vet they used offered a more welcoming environment.

“From my experience with my pet rats, because they go to [an independent] vet, they seem a bit friendlier, and they tend to know the rats when I bring them in. It’s a bit more of a nicer environment.”

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45-54, Non-LVG practice customer

- **Motivated by animal care:** Seen as driven primarily by a commitment to animal wellbeing, rather than by profits or performance targets.

“The personal element [of the independent practice] was the initial attraction, it felt less businesslike, for example the vet recommended not having a worming pill every month and said it was equally efficient having it every 3 months. This showed me they weren’t bothered about the money.”

45-54, Non-LVG practice customer

- **Locally rooted:** Seen as part of the community, making support for them feel like a positive choice.

Negative perceptions included:

- **Limited facilities and opening hours:** Perceived to offer a narrower range of services and have more restricted opening hours in comparison to large group practices. For example, one participant mentioned that their vet was open for only a few hours at the weekend in addition to weekday opening.
- **Limited presence:** Considered less widespread than LVG practices, and absent in some areas. For example, one LVG practice customer said that she believed all of the practices in her town were owned by CVS.
- **More vulnerable to disruption:** Perceived as more affected than LVG practices by staff changes, particularly in smaller or single-vet settings, where the departure of a practitioner could disrupt long-standing relationships and continuity of treatment.
- **Higher prices:** Believed to offer less competitive rates, due to limited economies of scale compared with larger groups.

3.2.2 Reactions to Remedy 1: Making ownership clear to consumers

Overview of remedy: As part of its investigation, the CMA is considering whether to require practices that are part of a large group to make this clear to consumers, for example, by including the words “part of ___ group” after the practice name, or other ways of showing this.

Key takeaway: There was widespread support for the remedy.

There was broad consensus across all groups that requiring vet practices to disclose ownership status clearly supports transparency and empowers customers to make an

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informed choice. However, many participants felt this information would not strongly influence their decisions compared to factors like location, quality of care, and cost.

Positives

- ✓ **Transparency feels appropriate:** There was broad consensus that providing consumers with ownership information is good practice and the right thing to do.

“I think it’s a good idea. I think transparency is always a good way for consumers to interact with organisations... and I think it’s good to make them do it because the track record of some groups is not too shiny.”

45-54, LVG practice customer (incorrect ownership attribution)

- ✓ **Supports informed choice:** Knowing whether a practice is independently owned or part of a group gives customers useful context when weighing options.

“If [an independent vet] is what someone is after, then I think it’s unfair not to say it’s part of a large group – it is deceiving.”

55-64, LVG practice customer (correct ownership attribution)

“If you had bad experience with a group in the past and you wanted to avoid that group... you could go to a different practice and look online to find out they belonged to that group and they’re not declaring it. I think I’d be pretty annoyed by that.”

45-54, LVG practice customer (correct ownership attribution)

- ✓ **Reinforces trust:** A few considered that clear ownership details would help customers feel confident that the practice is being upfront about its affiliations and values.

“Yes, I’m insured, but it’s still a business. I’m paying somebody money, and I’d quite like to know who it is I’m paying money to.”

45-54, LVG practice customer (incorrect ownership attribution)

Negatives

- × **Limited relevance:** Many said ownership type would not affect their choice if the vet provided good quality care, was particularly convenient, or if it felt familiar.

“I wouldn’t particularly want to be with a large group... but I try to be with the best vet that I can, and the reason I’m with my current vet is because I believe they are the best vet at this stage. If the best vet was a large group, I’d go to them.”


75+, Non-LVG practice customer (correct ownership attribution)

Participants were asked where they would like to see ownership information displayed if the CMA’s potential remedy were to go ahead. They suggested the following locations:

- **Signage/branding:** For example, on the building exterior, embedded in logo (e.g. “The Wheelhouse by CVS”), or posters in the waiting room.

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- **Website:** For example, in the homepage or ‘About Us’ section. Participants felt this should be prominently displayed, not buried in terms and conditions.
- **Invoices and letters:** For example, bills, appointment confirmations and receipts/invoices.
- **Emails and general communications:** For example, newsletters and onboarding materials.
- **Promotional/advertising materials:** For example, leaflets, posters and fliers.



Male aged 65-74

Non-LVG practice customer

Michael*, a dog owner, had transitioned to a different veterinary practice operated by an independent practitioner.

He cited the personalised nature of the service as a key factor in his decision, noting that the practice felt less commercialised than those he had previously attended.

A particularly positive experience for Michael was when his vet advised reducing the frequency of his dog’s worming medication from monthly to quarterly, explaining that this would be equally effective.

“I quite appreciated it because it showed me they were not money-grubbing.”

Michael felt it was “deceptive” for practices to withhold information about their ownership, and agreed with others’ perception that practices are aware of the strong preference some customers have for independently owned practices.

* All names used in this report have been pseudonymised and marked with an asterisk.

3.3 Remedy 2: Satisfaction survey (CMA Remedy 4)

3.3.1 Reactions to Remedy 2: Satisfaction survey

Overview of remedy: The CMA is considering whether it should require the industry to run a survey every two years asking vet customers across the country how satisfied they are with various aspects of the service they receive, including cost. Results would be calculated and published for customers of each of the six large groups. It is being considered whether average results, with caveats, would also be shown for customers across independent and small group practices. Participants were shown a mock-up of how this might look, as shown below.

Exploring consumer appetite for a satisfaction survey*

	Large veterinary groups					
Net Satisfaction	Large Group 1	Large Group 2	Large Group 3	Large Group 4	Large Group 5	Large Group 6
Information and advice	64%	69%	71%	61%	71%	68%
Care given to pet	81%	79%	83%	72%	81%	83%
Quality of service	75%	76%	79%	67%	76%	79%
Outcome of visit	73%	73%	71%	68%	74%	71%
Cost of service	24%	40%	13%	29%	17%	28%

*There is considerable variation among practices that are either independent, or part of small groups and results should therefore be used carefully. The results for them are:

Information and advice 78%, Care given to pet 84%, Quality of service 83%, Outcome of visit 79%, Cost of service 47%

Figure 3: Satisfaction survey

* The stimulus was adapted following the pilot focus group, to include percentage figures for the six LVGs and a combined average for all non-LVGs. The order of the groups in the above table has been randomised and does not mirror the order used in any other text or images in this report.

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Key takeaway: Reactions to the remedy were largely muted.

Whilst many considered the data interesting, overall interest and support for the idea was limited. Only a minority saw themselves using it, citing a lack of detail and a preference for practice-level reviews that reflect individual experiences more accurately.

Positives

- ✓ **Supports comparison and transparency:** Many participants saw value in being able to compare groups based on satisfaction scores, especially when moving to a new area or choosing a new vet.

“I think it’s good to have this information and ask people this so people can make better judgements on what they want to receive in terms of service and quality of care.”

25-34, Non-LVG practice customer

- ✓ **Encourages accountability and service improvement:** Several suggested that if practices knew they were being reviewed it may drive service improvements - as would “Ofsted for Vets” style inspections as suggested by one participant.

“If there’s an independent group going around and monitoring customer service standards, [vet practices] are going to want to be up there and publicise these results... it would be an incentive for them to have a higher level of service.”

45-54, LVG practice customer

- ✓ **Provides useful detail:** Several pointed out that determining scores across the suggested range of areas (*Information and advice, Care given to pet* etc.) offers richer insights about practice performance than the typical “star” ratings found on Google or Trustpilot. Participants considered the comparison of ratings for price satisfaction particularly useful.

“At the minute, all I know is there is a vet near me that scores 1.2 out of 5 on Trustpilot... I know to steer clear of it, but I know nothing else about any of the vets in my area. I think a level playing field enabling me to compare and contrast them across the board would be wonderful.”

45-54, Non-LVG practice customer

Negatives

- ✗ **Lack of granularity:** Many felt group-level data was too broad as service can be extremely variable between practices and even different visits. Several thought practice-level scores (or customer reviews) would be more meaningful.

“With the larger groups... the different surgeries could be totally different. I don’t agree with grouping them together, it should be related to the individual practice.”

45-54, LVG practice customer

- ✗ **Low trust in data and methodology:** Several were sceptical that the survey would be conducted fairly, perceiving that it would be open to manipulation by the large groups even if managed independently. They suggested that only those customers likely to give a good rating would be asked to participate, and that results could be tampered

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with. Related to this, a few worried that reviews could be skewed by minor complaints, and that scores might lack context or nuance.

“If you’re going in for emergency care, it can be a really amazing experience, but if you’re the person sitting there waiting for your dog to have a vaccination and you’ve been kept half an hour because they have an emergency, you’re going to give them a rubbish review.”

45-54, LVG practice customer

- × **Limited impact on behaviour:** Some expressed that the survey would not be useful to them personally because they would be unlikely to switch practice whatever the results. This was particularly true of those who rarely visited the vet or had limited local options.

“People may view this in a similar way to education in schools – in my village we only have one school with a 3-mile catchment area. It doesn’t matter what the Department for Education score is, it’s the only option for people.”

45-54, LVG practice customer

- × **Limited perceived improvement:** A handful felt vet practices were unlikely to act on the results, especially where previous satisfaction surveys conducted by their practice had not led to change. Some suggested that a “*you said, we did*” section or trended annual data would be more beneficial than publishing scores in isolation as it would show whether practices were making an effort to improve.

“How will these surveys change anything? Are they going to put the prices down if they have a bad review?”

35-44, LVG practice customer

3.4 Remedy 3: Mandatory pricing information (CMA Remedy 2b)

In recent years, the cost of veterinary services has risen faster than inflation, raising questions about whether customers are getting value for money.

As part of its investigation, the CMA is considering whether it should require veterinary practices to provide price information for common veterinary services on their websites.

3.4.1 Attitudes towards provision of pricing information

Cost was the most frequently mentioned information need when using a vet practice; across all groups, participants consistently reported wanting to know prices for different services and treatments.

There was broad agreement that pet treatments are expensive and have a significant impact on personal finances, and that having a good idea of how much something would cost made it easier to plan ahead and gave peace of mind about the affordability of care. For example, one participant’s dog needed an MRI, and they could not find a price on their current practice’s website. After looking online, they decided to proceed with treatment at a different practice which published a fixed price.

“It made me feel a lot more comfortable, anything that starts with ‘from £X’ makes me think ‘oh god’”.

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45-54, LVG practice customer

Many reported struggling to locate pricing online or in practice. Several said they had obtained pricing information by calling or asking directly, but some of these noted that they had felt uncomfortable doing so. This sense of awkwardness also put off others from seeking information in the same way.

Across all groups, there was a clear sense that owners' emotional attachment to their pets often complicated cost-based decisions. Several said that they would proceed with treatment regardless of cost, driven by love for their pet, with one participant stating they "*would go through hell and back*" to get the required care. However, this was not always the case for older pets or for those with limited treatment outcomes. One participant shared that their dog had suffered a mild seizure, leading the vet to recommend an MRI scan to investigate the possibility of a brain tumour, at an estimated cost of £3,000. After being informed that the likelihood of survival would be low if a tumour were found, the participant decided not to proceed. However, they felt that the vet's response implied their decision was uncaring.

"I don't mind paying premium if they can fix it and sort it out, but not to get a diagnosis where they can't do anything. In that instance I was made to feel unsympathetic towards my dog."


45-54, Non-LVG practice customer

Several participants said that they had felt pressured to make immediate treatment decisions during consultations and that the emotional intensity, combined with a fear of appearing uncaring, made it difficult to decline or delay care. A few also perceived that some practices took advantage of owners' emotional attachment to their pets by setting high prices, knowing that most would feel unable to refuse treatment.

Many said they had received estimates before treatment (either verbally or in writing). However, several said estimates were often vague, with practices giving a "*range*" or "*rough indication*", particularly for non-routine treatments such as surgical procedures.

Final bills were frequently higher than expected, often including 'add-on' services undertaken without prior notice. Some participants also highlighted that the distinction between optional and essential treatments was not always made clear during the process and in the final bill.

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Female aged 25-34

LVG practice customer

Leah* had a cat that contracted Feline Immunodeficiency Virus (FIV) and pneumonia.

While the cost of FIV medicine was provided upfront, the cost of different pneumonia treatments was not explained - she was simply told what was being done. Her cat was in the vets for seven days and at no point was the cost of different procedures raised with Leah.

Once treatment was complete, she received a text that contained a final bill of around £16,000.

Leah said the vets had made mistakes that caused the pneumonia in the first place and was frustrated when they would not take any responsibility for the overall bill.

She said that her cats are “*like her children*”, and that she would never deny them treatment, but felt vets often “*play on your heart strings*” and leave owners no choice but to go ahead with treatments in emotionally charged situations.

3.4.2 Experiences with receiving itemised bills

Although not an original focus of the research, spontaneous discussion emerged around the itemisation of veterinary bills. It became apparent that not all pet owners consistently received itemised invoices; three participants across both modules described instances where this had been the case. The topic was explicitly explored only in the final two focus groups, so its prevalence across the wider sample remains uncertain. The experiences of the three participants who had not received itemised bills are detailed below.

- ❖ Victoria* is a customer of a LVG veterinary practice and owns a cat and a dog. She described rarely having an understanding about prices except for consultations and believed that they had increased dramatically in recent years. Victoria explained that she now always requests an invoice so that she can see the full cost breakdown, suggesting that this information is not routinely provided.

“I always ask for an invoice now, always. Because it’s broken down.”

45-54, LVG practice customer

- ❖ Bob* owns two springer spaniels and attends a non-LVG veterinary practice. In recent years, his pets have had several treatments, including specialist leg surgery. Bob felt that the bills he receives are often more expensive than he is anticipating.

* All names used in this report have been pseudonymised and marked with an asterisk.

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Bob said that he did not receive itemised costs for minor treatments unless he specifically asked for them.

“The big things are covered very well indeed... the small things, you come out of the consultation, go to reception and they say ‘that will be £96 please’ and trying to find out where that £96 came from seems to be done as a favour. You can ask for a breakdown and they will give it. And then you learn that X was for the consultation, and Y was for the medication.”

75+, Non-LVG practice customer

- ❖ Louise* has a four-year-old pug and is a client of a LVG veterinary practice. She reported that she is typically only shown the total amount due for services and does not see a breakdown unless she specifically requests an itemised receipt. She felt her practice often “sneaks in” extra costs on top of routine services such as consultations and vaccinations.

“I’m always quite unpleasantly surprised with the bill...unless you ask for the itemised receipt at the end, you really wouldn’t know. They just tell you the sum, give you the card payment thing and that’s it.”

25-34, LVG practice customer

3.4.3 Reactions to Remedy 3: Mandatory pricing information

Overview of remedy: As part of its investigation, the CMA is considering whether it should require veterinary practices to provide price information for common veterinary services on their websites. Participants were shown two different mock-ups of the type of information that all practices might have to publish about their prices (pictured below).

Gauging customer demand for mandatory pricing information

At the top of the page, pet owners would be able to select the type of pet they have, their age and weight, before seeing the relative costs for different services. As shown in figure 4, services are categorised as core services or additional surgeries and treatments (for the latter, only the first part of the list is shown in the stimulus). Additional information would also be shown when selecting a service. In the example, ‘routine dentistry’ has been selected and reveals more information about what the service provides. Figure 5 is a similar system but laid out in a tabular format - allowing users to browse different types of services.

* All names used in this report have been pseudonymised and marked with an asterisk.

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Dog	Cat	Rabbit	Other
Puppy	Adult		
< 10 KG	10 - 20 KG	> 20 KG	
Core services			
First consultation	£60		▼
Repeat consultation	£45		▼
Out of hours consultation	£95		▼
Nurse consultation	£35		▼
Nail clipping	£20		▼
Anal gland expression	£60		▼
Microchipping	£90		▼
Animal health certificate	£60		▼
Vaccination primary course	£45		▼
Vaccination booster	£25		▼
Vaccination for kennel cough	£45		▼
Pet care plan	£22		▼
Surgeries and treatments			
Anaesthesia and sedation	from £120		▼
Castration	£80		▼
Spay (traditional)	£76		▼
Spay (laparoscopic)	£126		▼
Routine dentistry	£70		▼
Routine dentistry includes an initial oral examination, followed by a scale and polish to remove plaque and tartar, and is performed under anaesthetic for safety and comfort.			
<small>The specific animal's situation or problem can affect the price The prices on our website apply normally and when there is an uncomplicated disease picture. Visits with animals that have complex injuries or conditions that make an intervention difficult or involve an increased risk, can unfortunately be more expensive than the price stated.</small>			

Figure 4: Mandatory pricing information - Listed format

Dog	Cat	Rabbit	Other
Puppy	Adult		
< 10 KG	10 - 20 KG	> 20 KG	
Our Pricing			
Consultations	Prescriptions	Medications	Surgery & Treatment
	Diagnostics & Tests	End of Life Care	Specialist Treatments
<p>Our veterinary consultations are designed to keep your pets healthy and happy. From routine check-ups to tailored prevention treatments such as vaccinations, parasite control, we focus on early care to protect your pet's everyday and long-term wellbeing.</p>			
Consultation and prevention			
First consultation	£60		
Repeat consultation	£45		
Out of hours consultation	£95		
Nurse consultation	£35		
Nail clipping	£20		
Anal gland expression	£60		
Microchipping	£90		
Animal health certificate	£60		
Vaccination primary course (including consultation)	£45		
Vaccination booster (including consultation)	£25		
<small>The specific animal's situation or problem can affect the price The prices on our website apply normally and when there is an uncomplicated disease picture. Visits with animals that have complex injuries or conditions that make an intervention difficult or involve an increased risk, can unfortunately be more expensive than the price stated.</small>			

Figure 5: Mandatory pricing information - Tabbed format

The specific animal's situation or problem can affect the price

The prices on our website apply normally and when there is an uncomplicated disease picture.

Visits with animals that have complex injuries or conditions that make an intervention difficult or involve an increased risk, can unfortunately be more expensive than the price stated.

Figure 6: Mandatory pricing disclaimer

Key takeaway: Participant reaction to this remedy was **strongly positive**.

All groups considered the idea useful and important. They welcomed the idea of clearer, upfront pricing as a means of improving transparency, reducing the potential for anxiety or awkwardness around requesting pricing information, and empowering pet owners to make informed decisions.

Positives

- ✓ **Empowers informed decision-making:** There was a broad consensus that the availability of clear pricing allows owners to plan ahead, assess affordability and compare practices – whilst acknowledging that prices could vary depending on the situation, as indicated in figure 6.

“I think it would remove a lot of the anxiety around pricing and put the power back to the consumer to make informed decisions.”

25-34, Non-LVG practice customer

- ✓ **Reduces anxiety and uncertainty:** There was widespread agreement that knowing prices in advance would prepare pet owners ahead of learning the cost of treatments, helping prevent awkward or distressing situations, particularly in high-emotion situations when pets are unwell.

“This should be the bare minimum. When I walk in, I should already know that it is £60 straight away for a consultation.”

45-54, LVG practice customer

- ✓ **Improves transparency and trust:** A majority felt that current pricing information is opaque and inconsistent and that this initiative would help address these issues. Several participants also suggested that published lists could help rebuild trust in their veterinary practice and the industry more broadly.

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- ✓ **Useful for routine and non-emergency care:** There was broad agreement that the published information would be particularly useful for standard treatments with low potential for price variation, for example vaccinations, nail clipping, and microchipping. A small number of participants also noted that they would want to see the price of a written prescription included.
- ✓ **Additional detail useful:** Many participants appreciated the extra information provided about potentially unfamiliar procedures, considering it would help them understand exactly what they were paying for and feel able to engage with their vet from a more informed position

“I wouldn’t know what routine dentistry entails, so it is nice that they have explained what they’re going to do when you bring your dog to the practice.”

45-54, Non-LVG practice customer

Negatives

- ✗ **Limited relevance in emergencies:** Several participants said they would not consult pricing in urgent situations, where immediate care takes priority - although some acknowledged a rough figure would still be useful.

“In an emergency you don’t care at that point in time – you just go and get it done. If my cat is dying, I won’t be looking online to see the prices.”

45-54, Non-LVG practice customer

- ✗ **Perceived loopholes and disclaimers:** Many felt that caveats such as “prices may vary” undermined the usefulness of the lists.

“I’ve got around 8 or 9 practices in touching distance so I would look at the prices each one, but for me the text at bottom is a get out clause.”

55-64, LVG practice customer

- ✗ **Inaccurate for complex treatments:** Several suggested it would be hard to calculate costs for more complex treatments combining multiple services, for example if, as one participant noted, a pet needed blood tests before being spayed.

- ✗ **Likely will not cover complex or specialist treatments:** A few thought that price lists would likely exclude high-cost or less common procedures, such as biopsies or overnight care.

“That’s kind of generic day-to-day stuff, but it doesn’t say if they need an x-ray for example, the more specialised treatments. If you have to go in and have a check for a cancer or send off a biopsy, it doesn’t give you any indication of how much that would cost.”

25-34, LVG practice customer

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- × **‘Shopping around’ unrealistic:** A few pointed out that using price lists to compare different vet practices was not practical as accessing services would require registering at a new practice.

“I’m not going to go trawling around the vets in town to find a vet that’s cheaper, because I’m registered with one vet. You go to another vet, and invariably you have to be registered with that vet.”

75+, Non-LVG practice customer

Suggestions and improvements

- **Tabbed format preferred:** Most agreed that the price lists were clear and easy to digest, with a majority preferring the tabulated format displayed in figure 5. It was considered easier to navigate and more professional. One participant felt a search feature would also be useful across both formats to pinpoint individual services.

“It looks a bit more detailed, broken down into the different tabs. I think that might be a bit more user-friendly”

45-54, LVG practice customer

- **Add price ranges:** Some felt adding a price range to services, or a maximum cost, would help pet owners understand potential variation.

“The ‘from’ makes me a bit uneasy, is it not better to have a maximum price to see the range you’re dealing with?”

55-64, LVG practice customer

- **Include more complex treatments:** For example, adding tabs for surgery, end-of-life care, and emergency services. Others believed showing average prices across practices, either on the same page or by linking to external platforms, would also be a valuable addition.

“Could there be an industry average or a link to somewhere else, so that you could go and compare it with other practices?”

45-54, LVG practice customer

- **Clarify what is included/needed for each treatment:** A few sought clarity on which services may or may not be included with each treatment. According to participants, this could involve outlining services that would ordinarily have a standalone price, for

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example anaesthesia or follow-up consultations, and which services would typically be needed in combination with others. For example, one participant noted that a standard health check-up is usually needed alongside a vaccination booster, and would want this to be flagged on the entry for the latter.



Female aged 55-64

LVG practice customer

During the research, Amanda* expressed strong support for mandatory pricing information, viewing it as essential for transparency and trust.

She had received an estimate to have her dog spayed, but when the final bill arrived, additional treatments such as blood tests had been added on without prior discussion, increasing the cost by £88. She also noted that the practice charged her for a buster collar, despite having already purchased one herself.

Amanda wanted to know whether the prices shown on the mandatory price list would be representative of the final cost, noting that in practice, additional treatments were often bundled into core services without clear explanation.

“You can guarantee there is going to be another £50-60 added on top... what other bolt-ons are they going to put onto that price, or is that the final cost? That’s what I’d be interested in.”

3.5 Remedy 4: Comparison website (CMA Remedy 3)

3.5.1 Reactions to Remedy 4: Comparison website

Overview of remedy: The CMA is considering whether a comparison website should be developed that enables pet owners to search for a vet in their local area when choosing or switching a vet practice, or looking for a particular treatment. The site would provide some information about every practice – whether it is independent, part of a small group or part of a large group. One option is for the Royal College of Veterinary Surgeons (RCVS), the professional body for vets, to host the comparison website. This would involve adding additional information to the ‘Find A Vet’ site which it already hosts. Drafts of a comparison website were shown to participants.

* All names used in this report have been pseudonymised and marked with an asterisk.

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Exploring the impact of a vet comparison website

The customer would enter a location, their pets and whether they were looking for a specific treatment. A map of local practices would then be displayed, together with information about each of the practices. This would include information such as services offered and price lists.

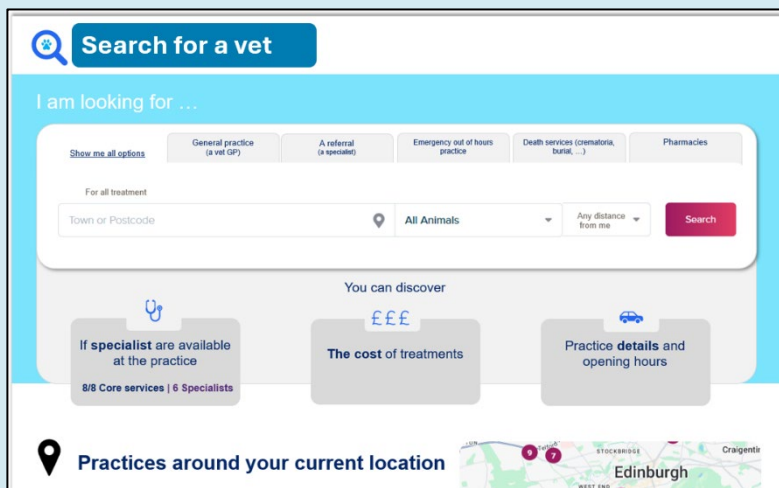


Figure 7: Comparison site: Homepage

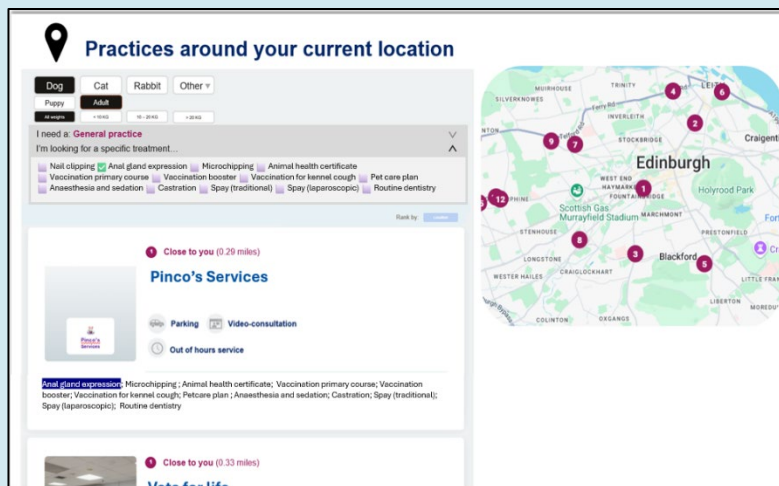


Figure 8: Comparison site: Locating a practice

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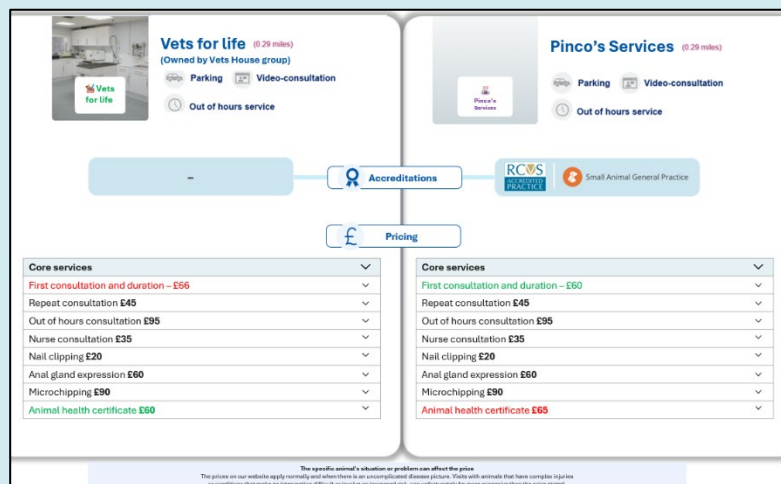


Figure 9:
Comparison site:
Practice comparison

Key takeaway: There was broad interest in the remedy, but many expressed reservations.

A majority of participants saw clear potential for a veterinary comparison site, especially when choosing a new practice, sense-checking prices or budgeting for care. However, there were some concerns around practicality, data accuracy, and the site's ability to reflect service quality.

Positives

- ✓ **Promotes transparency and informed choice:** A majority valued having pricing and service details in one place to understand different service and treatment options and sense check their current choice of practice.

"It's all beneficial, even a sense check to see if I'm getting value for money. People like transparency."

45-54, LVG practice customer

- ✓ **Useful when moving or choosing a new vet:** Many said they would use a comparison site when relocating or getting a new pet, to explore options and understand local pricing.
- ✓ **Useful to compare expensive or unexpected treatments:** A few said they would use it to check high-cost services, where potential savings are greater.

"If I didn't have insurance and my cat had broken its leg, and the treatment was going to be say £3000, I would look at a comparison site and explore my options, as I wouldn't be able to afford that".

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55-64, LVG practice customer

- ✓ **Could drive competition and accountability:** A small minority felt that public pricing could encourage practices to justify costs and improve service standards.

“I think having that information in one place where it’s really transparent is actually going to drive more competition... a practice will be looking on here to see how they compare with others, which is what a lot of businesses do.”

25-34, Non-LVG practice customer

Negatives

- ✗ **Quality not considered:** A majority considered quality metrics, for example reviews or performance ratings, to be the most important information when making a decision about veterinary care. They suggested that a comparison site was therefore less well suited to veterinary services than other sectors where decisions are predominantly price-driven, such as energy or insurance.

“Car insurance is price first, service second. It’s different for a vet practice as the service needs to be top tier and then you look at price.”

25-34, LVG practice customer

- ✗ **‘Shopping around’ unrealistic:** Many said they would not want to register for multiple practices or take their pet to different settings each time. They saw this as inconvenient and felt continuity of care was essential for their pet. Comparing practices was also seen as less relevant for those with limited choices locally.

“You generally have to formally leave a vet and register with another one. You can’t sort of spread your treatment around 3 or 4 veterinary practices... it could become quite cumbersome”.

65-74, Non-LVG practice customer

- ✗ **Not useful in emergencies:** Several said they would not consult a comparison site during urgent situations, where immediate care and safety of the animal would take priority over pricing.

- ✗ **Potential burden on smaller practices:** A small minority worried that mandatory participation would be a burden for smaller practices which may result in increased prices or inaccurate information.

“It’s going to be easier for the big corporates, I would have thought, because they’ve got the admin capacity, whereas those smaller local ones, they might struggle, make mistakes, or it might cost them more.”

45-54, LVG practice customer

- ✗ **Concerns about data accuracy and maintenance:** One participant questioned who would be responsible for keeping the site up to date and ensuring the integrity of the information.

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Suggestions and improvements

- **Included quality metrics:** Participants wanted to see customer reviews, service ratings, and accreditation details alongside pricing. One suggested that displaying the customer satisfaction survey results here would be a good idea, however written reviews detailing individual experiences at veterinary practice, sourced from platforms such as Trustpilot, were generally preferred over surveys. Accreditation and ownership type were also seen as useful indicators of professionalism.

“It serves a purpose to a degree. It’s a good tool to start but some more service-related metrics would be good.”

25-34, LVG practice customer

“I don’t necessarily think the cheapest is going to be the best. If it had reviews incorporated into it, I would use it.”

35-44, Non-LVG practice customer

- **Filter and compare more effectively:** Participants also believed that filtering and comparison mechanisms could be make the site more effective. For example, allowing customers to:
 - compare more than two practices at once;
 - filter by ownership type (independent vs corporate); and,
 - search by keyword for specialist services (e.g. exotic pets).
- **Add practical information:** Several thought the site would benefit from more practical information such as opening hours, parking availability, and overnight care.

“An additional change would be [showing their] facilities – if there are x-rays available, or out of hours care.”

25-34, Non-LVG practice customer

- **Trusted hosting and oversight:** Participants widely agreed that the site should be hosted by a neutral, professional body. Although only a few were familiar with the RCVS, once its role was explained, there was broad agreement that it appeared to be a credible option to host the comparison site. Participants felt that RCVS hosting would signal legitimacy, and some believed it would also provide appropriate oversight, such as regulating entries and offering a route for complaints. One participant noted that other comparison websites, such as Compare the Market, include disclaimers indicating that the results displayed may prioritise businesses offering the highest commission payments, but considered that results would be unbiased if the RCVS hosted the tool.

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“If you have trusted governance, a complaints body to go to, you know there is regulation out there and someone gluing it all together, that would be good.”

45-54, LVG practice customer

3.6 Remedy 5: Pet health plan calculator

3.6.1 Attitudes towards pet health plans

Many vets offer a pet health plan, where customers pay a monthly fee to cover basic treatment for their pets, such as annual health checks and vaccinations.

Slightly more participants favoured not having a pet health plan. Many saw health plans as risky and were not sure whether they would get value for money.

“All of it is a fancy gamble, isn’t it? You’re taking a guess on the health of your pet over however long the plan is”

55-64, LVG practice customer, Does not have a pet health plan

Several had indoor cats, which need fewer routine treatments than outdoor cats. One participant had decided it was too expensive and that it had always worked well to pay for individual services as needed, which they had found was not until their cats got older. Similarly, some thought health plans included services they would not use, such as monthly flea and worming treatment.

“You’ll save money if you use every single treatment, but I think they are probably banking on the fact that people won’t.”

25-34, LVG practice customer, Does not have a pet health plan

A few said they preferred to make one-off payments rather than pay a monthly subscription. One participant previously had a plan but became frustrated as they felt the vet only offered it to make a profit, noting that *“everything has to come with a subscription”*. A small minority said they were confident in budgeting and covering routine care themselves – for example, one cat owner never saw a reason to buy a plan as they had always bought and personally administered certain treatments such as flea and worming medication. A few said they had noticed individual treatments were cheaper at other practices whilst considering a plan and decided not to proceed. Several participants expressed that they did not understand the difference between pet health plans and pet insurance.

Many did choose to subscribe to a pet health plan. Most notably, participants said it gave them peace of mind that essentials were covered, particularly those with younger pets which need a greater number of routine treatments than older pets.

“It was easy. I knew that there was a monthly cost and then I get the vaccinations and the wormers, so I don’t have to think about it. That’s kind of what a young cat like mine will need for the next few years.”

45-54, Non-LVG practice customer, Has a pet health plan

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Several considered a pet health plan to be better value than paying for individual treatments, and appreciated being able to spread the cost for routine treatments such as vaccinations and regular check-ups.

A few participants reported receiving discounted consultations and surgical procedures through their pet health plans, which they actively used. One individual also noted that they received text message reminders for flea and worming treatments, which they found particularly helpful.

Participants were asked how easy or difficult it was to find out whether a plan was good value for money. While a few participants had manually compared plan costs with individual treatments to ascertain the value, understanding tended to be limited.

Several of those on a pet health plan had not compared costs, but assumed the plan was worthwhile. One participant noted that the price of their plan had gone up recently and acknowledged they were “*a bit hazy*” on whether they were still getting value for money.

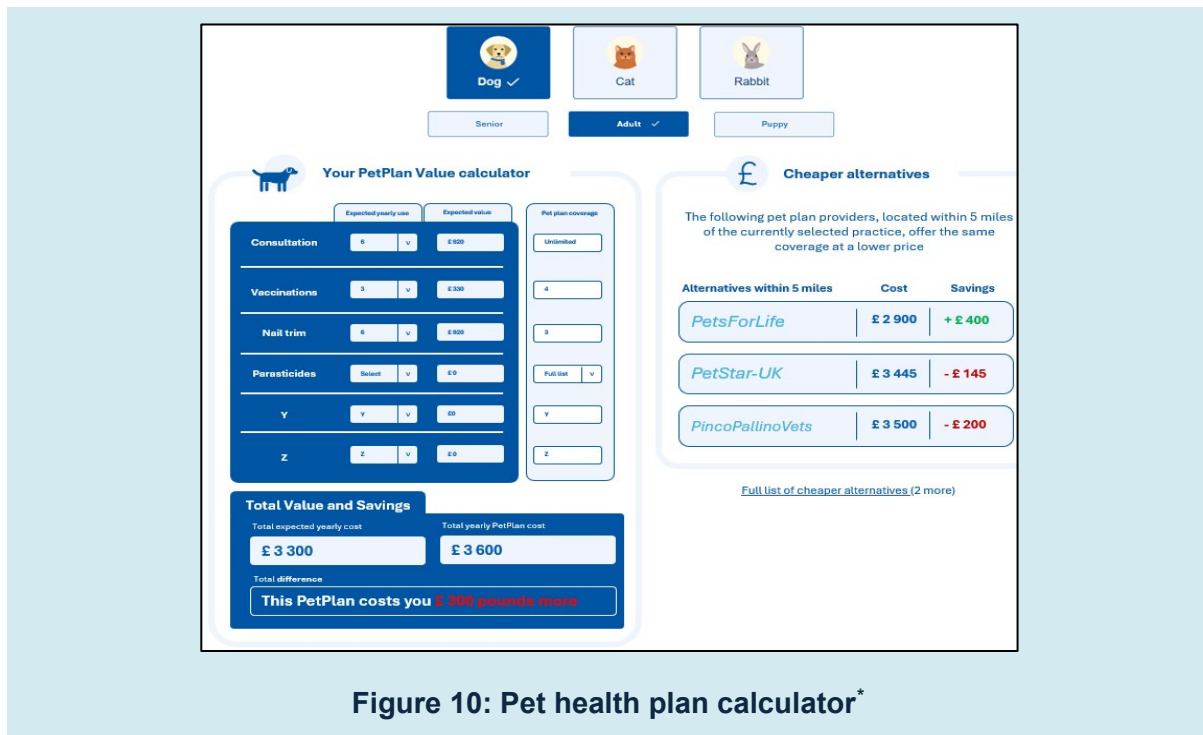
3.6.2 Reactions to Remedy 5: Pet health plan calculator

Overview of remedy: The CMA is considering whether it should require vet practices which offer a pet health plan to provide information to the organisation running the comparison website discussed above. The comparison website would be required to have a pet health plan calculator that can be used to calculate the likely savings (or extra costs) of taking out a pet health plan for a pet. An example of what this might look like was displayed to participants, as shown below.

Understanding participant likelihood of using a pet health plan calculator

The calculator would ask the customer to select the type of pet and specific plan they are on or considering. It would provide the cost of the plan, plus the services offered. In addition, it would provide the combined cost of these services if obtained without the pet care plan, based on the typical number of times that an animal would need those services. It would then give an estimate of the saving (if any) a customer would be likely to make by taking out the plan. The customer would be able to change the number of times they think they would use each of the services in the plan. They could then recalculate the comparison based upon this, to make it more accurate to a pet’s circumstances.

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Key takeaway: Limited interest in the remedy.

Many saw the calculator’s potential to help assess value for money and simplify comparisons. However, the perception that signing up to a plan may require switching vet practice limited the appeal. The calculator was also less interesting to those who had already decided against a pet health plan.

Positives

- ✓ **Helps assess value for money:** Many participants said they had not previously calculated whether their plan saved them money. The calculator was seen as a simple way to do this - either retrospectively or when considering a new plan.

“With price changes, I actually have no idea what it would cost now, so it would be quite good to check in once in a while if you’re thinking about using one.”

25-34, LVG practice customer, Does not have a pet health plan

- ✓ **Supports informed decision-making:** Many liked that the calculator could help them compare plans across practices and understand what is included, especially when switching vets or taking on a new pet.

“It’s a pro-consumer move. Businesses may not like it, but it allows customers to make a more informed choice.”

25-34, LVG practice customer, Does not have a pet health plan

* Company names and figures shown are fictional and were shown for illustrative purposes only

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- ✓ **Simplifies a complex decision:** Several said they would appreciate the clarity the calculator could offer about whether a plan was worthwhile - particularly those who had previously worked this out manually.

“For me, someone who would be looking into something like this, it will be so helpful to have everything laid out rather than trying to work everything out yourself.”

25-34, LVG practice customer, Does not have a pet health plan

- ✓ **Encourages transparency and competition** Similar to views on the comparison site, some felt the calculator could pressure practices to justify pricing and offer better value, if they knew this information was available publicly.

Negatives

- ✗ **Uncertainty about how it works in practice:** Many were confused about whether signing up to a plan would require them to switch practice if it was not offered by their current one, or whether it would only compare plans offered by their current practice.

- ✗ **Do not want a pet health plan:** Many had already decided against signing up to a plan due to their situation, so were not interested in using the calculator.

“Having a good value plan wouldn’t affect my choice of vets. Locality, availability and reputation are the main things.”

45-54, LVG practice customer, Has a pet health plan

- ✗ **Unlikely to use for checking potential savings:** Several suggested that they would not be interested in using the calculator to check potential savings, and would only do so if they were unhappy with the treatment from their current practice and considering changing.

“If I was searching for new vet I would use it. It’s the same with any comparison site – why would you look at it if you’re not in a position to be changing?”

45-54, LVG practice customer, Has a pet health plan



Male aged 35-44

Non-LVG practice customer

Andrew* adopted a cat in Spring 2025 and took it to the vet practice used by the adoption centre for a top-up vaccination. There, he was offered a pet health plan and compared it with the plan his other cat was on. In doing so, he discovered that his current one offered better value for money.

* All names used in this report have been pseudonymised and marked with an asterisk.

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He responded positively to the pet health plan calculator tested during the research, saying he would use it to compare different plans and would happily pay more if it meant access to a wider array of treatments or services.

He also said he would use the calculator to check value for money and to ensure he was not overspending. Living in an urban area with multiple vet practices, he felt the calculator would be particularly useful for identifying better-value plans and potentially switching providers.

“It’s about things you know your cat needs, so it spreads that cost out. The one I’m on offers 25% discount on consultation fees. The practice also has a poster showing you how much you’d save being part of the programme. I found that really useful.”

3.7 Remedy 6a/b: Written information about treatment and referral options (CMA Remedy 5a)

Overview of the remedy: The CMA is considering strengthening the requirement for vets to provide standard information about the price of treatments and referrals. In particular, the CMA is considering whether all vets are required to provide written price information about a customer’s preferred treatment option if the total cost of the treatment exceeds a certain value. This would include services such as aftercare, follow up consultations and treatments, and medicines. Customers would be able to take the information away with them after their consultation to consider whether to go ahead with the treatment. Another potential requirement is the FOP vet providing written information about different referral options, including prices and the referral practices’ skills and experience.

Researcher Note:

When discussing providing extra information during referrals, participants tended to focus on the practice delivering the treatment, rather than the referral experience at the FOP (prior to treatment happening at the referral centre). For example, when exploring whether the FOP should give written indicative prices for treatments at the referral centre, participants frequently spoke about pricing estimates given by the referral centre instead. In order to provide an accurate read on the impact of the remedy in both contexts, analysis of participant responses has been divided into two sub-sections:

Treatments (Remedy 6a)

- Price information for in-house treatments

Referrals (Remedy 6b)

- Indicative prices for treatments at the referral centre
- Information about skills and experience at the referral centre
- Information about other places pet could be referred to

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3.7.2 Remedy 6a: Written price information for treatments

Key takeaway: Overall responses were largely positive.

Participants perceived that written estimates would give them greater clarity and time to think before starting treatment for their pet. It was clear from discussions that pet owners' overriding desire was for increased transparency about pricing, in any form.

Positives

- ✓ **Clarity at estimate stage:** There was broad consensus that price awareness is a basic expectation when purchasing a service. Having an estimate “*in black and white*” from their veterinary practice allows for better understanding and something to refer back to.

“You wouldn’t go to a private human healthcare provider such as Aspire, without knowing how much your treatment was going to cost. The expectation is the same for an animal.”

55-64, Non-LVG practice customer

- ✓ **Reduces pressure for immediate decision:** Several felt it would give pet owners space for private consideration on the affordability and appropriateness of the treatments, particularly those with older pets who may conclude that pursuing treatment would not be the most suitable option in the circumstances. Participants also felt having this information could avoid the awkwardness of having to ask their practitioner for prices or alleviate the pressure of making a choice in the moment.

“How can one argue against the principle that before you get something, you know what you’re going to be asked to pay for it.”

65-75, LVG practice customer

- ✓ **Associated with greater estimate accuracy:** A few hoped that receiving written quotes ahead of treatments meant that prices were less likely to increase by the time the final bill was issued.

“It’s better to pay a little bit extra to have the peace of mind that prices aren’t going to fluctuate.”

18-24, Non-LVG practice customer

Negatives

- × **Limited relevance in emergencies:** Many said this remedy would be less useful in urgent situations and cases of clear necessity, as pet owners would be unlikely to delay treatment for their pet.

“Sounds great, but if you’ve got a poorly cat, you want the treatment, you don’t want a quotation because you’ve got no time to shop around amongst other vets.”

65-74, LVG practice customer

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- × **Longer/pricier consultations unappealing:** Participants were generally resistant to the idea of consultation costs increasing as a result of the remedy: many felt such increases were unlikely or unjustified because providing the information would require little additional effort. At the same time, they were also resistant to the prospect of paying more. Consequently, while cost concerns did not lead them to reject the remedy outright, it remained unclear whether they believed price increases would actually occur, or how much they might be prepared to tolerate.

“When you’re watching them do it, they are just ticking the treatments. It’s all pre-scripted in most surgeries anyways so it’s not really that long. I guess it’s just the interaction between owner and clinician.”

35-44, LVG practice customer

- × **Price threshold concerns:** There was broad consensus that there should be no or a very low threshold, though a few outliers gave suggestions including: twice the consultation fee, £100, and £200.

“I think for any amount, it should be compulsory. To some people, £500 is a lot of money, and to others £5000 is a lot.”

18-24, Non-LVG practice customer

- × **Difficult to estimate:** Participants often recognised that the scope of treatment and associated costs can vary depending on certain complications, limiting the likelihood of accuracy of upfront estimates. However, most believed it would still be better to have this information to hand than none at all.

Suggestions and improvements

Participants also offered alternative suggestions when discussing this remedy, such as ensuring permission is obtained each time before adding another element (and cost) to a treatment, or clearly distinguishing between optional and necessary components of a treatment.

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Female aged 65-74

Non-LVG practice customer

Lorraine* is the owner of an elderly German Shepherd, which encountered a series of health concerns due to old age.

Upon discovering a lump, her veterinary practice recommended a range of diagnostic and therapeutic procedures, including an X-ray, steroid injections, and additional tests. However, Lorraine was not sure whether the treatments were worthwhile given her dog was elderly. She felt that there was a lack of clarity around the associated costs and concerned about the potential financial impact. She also described feeling guilty when the vet told her they could not find out exactly what was wrong with the dog because Lorraine “*wouldn’t allow*” them to.

Lorraine also noted she had had negative experiences in the past with the costs of different services, and eventually decided not to go ahead with treatment on this occasion.

During the research she explained that her veterinary practice did not routinely provide treatment pricing information in advance and said that she often felt uncomfortable or guilty when inquiring about the cost of treatment.

When asked whether written pricing should be provided during consultations, Lorraine strongly supported the idea, describing it as a “*fantastic*” measure.

“It’s frightening going to the vets because you never know how much something is going to cost.”

3.7.3 Remedy 6b: Additional information for referrals

Key takeaway: Reactions were largely positive, but the remedy was often challenging to attribute to a referral context.

This remedy was viewed similarly to Remedy 6a in principle; participants saw no harm in providing pet owners with more information about referral options – even if they found it challenging to imagine their own FOP’s role in this. However, there was concern that the options given may be influenced by commercial relationships between the practice and referral centre, or that pet owners may not be able to act on the information given.

Positives

- ✓ Positive aspects were largely similar to **Written Pricing Information for Treatments**, but there was a markedly **lower strength of feeling** for this context. It was often unintuitive that FOPs would issue this information rather than the party providing the treatment at the Referral Centre.

* All names used in this report have been pseudonymised and marked with an asterisk.

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“It gives you more choice and more choice is better. If it is more competitive, then the price might be more reflective, if the number of choices go up the price may come down.”

45-54, Non-LVG practice customer

“My vet gave a range of referral options; he told me the Specialist that was closest and also his recommendation on the best person to sort out the issue.”

55-64, Non-LVG practice customer

- ✓ **Allows comparison:** A few hoped it may reduce costs by making it easier to compare prices between practices.

Negatives

- × **Options may not be comprehensive:** Many perceived that referral recommendations would not be comprehensive because they were driven by commercial relationships, for example an LVG practice supplying only options that are part of the same group. They suggested this would be the case even where regulation specified all relevant options should be given. One participant said they were sceptical about getting prices from their vet, citing past experiences of being steered toward products such as food and toys that they believed were tied to the practice’s commercial partners. They also noted their practice is linked to a specific referral unit and questioned the nature of that relationship.

“Do they have their own referral units? Are they giving you the broad spectrum of options?”

55-64, Non-LVG practice customer

“You can always do the research yourself. Vets sometimes pressure you into the timeframe of it... in my area you go to their preferred Specialist, they don’t give you a list of options.”

25-34, LVG customer

- × **Other options often limited:** A few mentioned alternative referral centres are not always available locally or may be too inconvenient to use.
- × **Low engagement with additional information:** Providing details about the skills and experience of referral vets was seen as less important to customers than pricing information.

3.8 Remedy 7: Standardised information about prescriptions (CMA Remedy 7)

The CMA is considering a requirement to standardise the information vets provide to pet owners about their pets’ prescriptions, which may involve letting customers know they can request a written prescription to buy medicine online, potentially leading to cost savings.

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Researcher Note:

In the stimulus for Remedy 7: Standardised information about medicines, the term “*written prescription*” referred to both hard copy and electronic prescriptions. However, in the stimulus for Remedy 8a/b: Prescription types, “*written prescription*” was defined specifically as a prescription received before leaving the practice - i.e., a hard copy - in contrast to an electronic prescription which would be issued before the end of the day. In the stimulus for Remedy 9: Default for repeat prescriptions, “*written prescription*” again referred to both hard copy and electronic versions.

Due to the order in which the remedies were discussed, this change in definition is unlikely to have affected respondents’ views on Remedies 7 and 8a/b. For Remedy 7, the focus was on informing pet owners that they could have a prescription - in either format - to use outside the practice, rather than the format itself. The distinction between hard copy and electronic prescriptions was introduced clearly in the subsequent section for Remedy 8a/b, where format was the central focus.

However, when we moved on to Remedy 9, there is some evidence that the use of the term “*written prescription*” caused confusion. Participants appeared to carry over the definition from the immediately preceding section, assuming we were referring only to hard copy prescriptions. This is reflected in the final point under ‘Negatives’, where this confusion is explicitly noted. Nonetheless, this appears to have been a relatively minor issue: as participants raised a broad range of other positives and negatives that carried much more weight in shaping their views on Remedy 9.

In summary, the definitions used for Remedies 7 and 8a/b are unlikely to have caused confusion or influenced participants’ understanding or opinions. Some confusion did arise for Remedy 9, though it appears to have had only a minor effect on participants’ opinions.

3.8.1 Experiences with purchasing medicines

Most were aware that medicines could be purchased elsewhere and several had done so, but a sizeable minority was not aware of this option. Among those aware of this option, awareness was predominantly associated with online pharmacy purchases, rather than recognition that some prescription medicines were also available from some other physical pharmacies.

“I wasn’t aware you could, I wouldn’t even know where to look for getting medicines elsewhere.”
25-34, Repeat and one-off prescription

Drivers and barriers to purchasing prescription medicines elsewhere

Those who bought out-of-practice often did so due to:

- **Cost:** Most felt that lower online prices outweighed the inconvenience of extra administrative tasks (such as sending/uploading prescriptions), or delivery time,

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particularly for repeat medicines. A few said their practitioner had even encouraged them to buy elsewhere for potential cost savings.

Those who typically bought in-practice mentioned barriers such as:

- **Lack of awareness:** Many who were previously unaware that they could buy prescriptions elsewhere said they would consider doing so if costs were lower.

“I wouldn’t hesitate if it was cheaper online.”

55-64, No prescription

- **Immediacy:** Several preferred to access the medicines immediately, particularly in an acute situation or if their pet was uncomfortable. However, many noted they would consider buying more standard, repeat prescription medicines online.

“If it’s a one-off it’s normally an emergency that has been identified so you buy it then and there.”

45-54, Repeat prescription

- **Confidence:** A minority suggested that they felt more comfortable buying prescriptions in their usual setting, especially for one-off or first-time medicines. A few also expressed concerns over the reliability and safety of buying medicines online. One participant said they would not buy these online as they would be nervous about harmful substances, while another cited past reports of online dispensers selling counterfeit products.

“I would be sceptical about buying medicine for my cat online; I wouldn’t get medicine for myself anywhere other than a pharmacy.”

18-24, No prescription

- **Loyalty:** A few mentioned a desire to support their own veterinary practice by buying medicine in-house.

3.8.2 Reactions to Remedy 7: Standardised information about prescriptions

Overview of remedy: This CMA is considering a requirement to standardise the information vets provide to customers about their pets’ prescriptions.

Vet practices could be required to:

1. Make a standard set of information available when first registering with a vet practice or taking out a pet health plan, and on practice websites. The information would cover:
 - a) Letting pet owners know that they can request a written prescription
 - b) Stating that they can make potential savings by buying online
 - c) Explaining the process of requesting, receiving and submitting a written prescription to an online pharmacy

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- d) A description of the authorisation process for online pharmacies, and a list of authorised pharmacies
2. Add a simple message on all emails, texts, invoices and receipts reminding customers that they can request a written prescription to purchase medicines elsewhere and make potential savings.
3. Tell customers in the consultation that they can request a written prescription to purchase the medicine elsewhere, when prescribing medicine.

Key takeaway: Reactions to the remedy were strongly positive.

There was a broad consensus that this remedy would be an effective way of driving awareness of, and confidence in, alternative buying options - which would ultimately facilitate cost savings.

Positives

- ✓ **Provides reassurance around approach:** There was wide consensus that providing information about prescriptions to use elsewhere gives pet owners more confidence in buying medicines online – particularly amongst those who had not done so previously.

“It would encourage me to buy online. I get a package of treatments from my vets which was heavily promoted at the time. If I had information or was reminded that there is an alternative, potentially for cheaper, then I would feel confident to do so.”

25-34, Repeat and one-off prescription

- ✓ **Multi-channel communication effective:** There was broad consensus that having a reminder through several different communication channels would be useful, alongside many also suggesting the information could be displayed somewhere in the practice, such as on a poster. A few anticipated this reminder element would feel less awkward than having face to face discussion with their vet around purchasing elsewhere. A perception of easier regulation for written communications increased positivity for a few.

“The easiest way to create an audit trail to demonstrate that there is conformity is to have something in a written form... just saying it then becomes a discussion of ‘he vs she’.”

45-54, One-off prescription

- ✓ **Promotes trust:** A sizable minority considered that the remedy would build trust in vet practices if practices shared this information - particularly given the knowledge imbalance between practitioners and customers, and being a ‘captive audience’.
- ✓ **Overcomes awareness gaps:** A sizeable minority were unaware of the option to buy elsewhere - most felt they would be likely to change future behaviours, which they saw leading to cost savings.

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“It is a real shame that people don’t know there are the online drug pharmacies... I think anything that can help with the money side can only be a good thing.”

45-54, One-off prescription

- ✓ **Provides confidence in other dispensaries:** A minority believed having a list of authorised pharmacies would provide proof of legitimacy for online pharmacies, ensuring the quality and safety of the medicines.

“This would make the difference for me to choose to buy elsewhere.”

35-44, One-off prescription

Negatives

- × **Over-informing burden:** Several participants felt that including a statement on every piece of communication would be excessive. A minority suggested that information reminders should be reserved for the most relevant communications, such as invoices or billing documents.
- × **Perceived difficult regulation:** A few were sceptical that regulation will be adhered to – with tentative agreement from a minority. They questioned how it would or could be enforced, particularly for the requirement for vets to verbally tell customers during consultations that they can request a written prescription for their pet.
- × **Knock-on consumer impacts:** A minority perceived undesirable consequences for pet owners, such as:
 - less time spent on pets during consultations if vets have to verbally relay this information
 - administration burden of this remedy may be recouped from pet owners
 - a lack of demand for medicines, reducing the availability of medicines in-practice.

“The consultation fee may go up if vets are taking a hit from people buying drugs from a more cost-effective source.”

65-75, One-off prescription

- × **Causes reduction in revenue for vet:** A minority said drawing attention to savings is beyond the responsibility of veterinarians and is likely to cause loss of revenue for practices. A majority of these participants said vets should not be required to do so, while the rest considered that just informing pet owners they can buy medicines elsewhere would be sufficient.

“If you went into Waterstones, they’re not going to say you can buy the book cheaper on Amazon.”

35-44, One-off prescription



Female aged 45-54

One-off and repeat prescription

Sally owns a cat who has been prescribed both one-off and repeat medication.**

She often uses online pharmacies due to making significant cost savings, despite acknowledging that buying online is a more difficult process that involves waiting longer for medication to arrive.

“My vet suggests I do it...they’re quite open to it. They know how much it costs.”

Sally expressed strong support for the potential remedy. She felt that informing customers through various communication channels would not be too onerous and it could be managed as a straightforward administrative task.

Upon hearing other participants talk about how expensive treatments have become, Sally added that it was regrettable that many vet customers remain unaware of their right to request a written prescription for purchasing medication online.

Sally also believes that online pharmacies] are reputable and well regulated, having had a good experience with one of them in the past. She welcomed the proposal to include a list of authorised providers, especially for customers with less awareness of alternative sources.

“I think anything that can help with the money side just can only be a good thing.”

* All names used in this report have been pseudonymised and marked with an asterisk.

3.9 Remedy 8a/b: Prescription types (CMA Remedy 11)

This remedy would concern the prescription options and prices given to pet owners. It could consist of two components: the first ensures that clients are given the choice between receiving a written or an electronic prescription; the second involves setting a maximum fee that veterinary practices may charge for issuing a prescription.

While both components of this remedy were presented to participants as a single intervention, the analysis of pet owners' reactions has been divided into Sections 8a (prescription type) and 8b (prescription price limit). This separation was necessary due to the distinct nature of the two components, which elicited different types of responses, including varying positive and negative perceptions.

Researcher Note:

As noted above, for Remedy 8a/b: Prescription types, written prescription was defined specifically as a prescription received before leaving the practice - i.e., a hard copy - in contrast to an electronic prescription which would be issued before the end of the day. The difference in definition of "written prescription" between this and the previous remedy is unlikely to have had an impact on participant understanding and opinion of the remedy.

3.9.1 Reactions to Remedy 8a: Written or electronic prescriptions

Overview of remedy: If a customer wants a prescription, give them the option to request either:

- a) **a written prescription** (that they will receive before leaving the practice)
- b) **or an electronic prescription** (received before the end of the day of the visit).

Key takeaway: Participants were largely positive about this remedy.

There was a broad consensus that having a choice of prescription format is important, and most considered that electronic prescriptions would be more convenient. However, there was a perception that written prescriptions were more suitable for certain situations and pet owners - for example, those who are digitally disadvantaged or who need to obtain medicines quickly. This assumes that written prescriptions would allow faster access, as owners would not have to wait until the end of the day for an electronic version.

Positives

Electronic prescriptions:

- ✓ **Convenient to receive digitally:** Many felt having an electronic prescription would remove the need to collect it in person, with a few noting this would be especially

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helpful for repeat prescriptions. Pet owners also felt it would be useful having this document on their personal devices.

“If I was getting repeat prescriptions for flea treatment or wormers, I would almost certainly get an electronic prescription.”

65-74, One-off prescription

- ✓ **Easier for online purchase:** Several perceived that paper prescriptions are less convenient to upload and send to online pharmacies.

“If you want to buy medicines from an online pharmacy, it’s going to be a lot easier to just forward the electronic prescription. I wouldn’t have thought you’d want to scan the written prescription and send it off.”

65-74, One-off prescription

- ✓ **Reasonable timeframes:** For a few participants, receiving an electronic prescription at the ‘end of the day’ would be quicker than they currently received this type of prescription from their practice.

Written prescriptions:

- ✓ **Fast:** Some participants preferred leaving the practice with a physical prescription, perceiving that they would be able to access medicine more quickly this way than waiting for an electronic prescription to be issued by the end of the day. However, they still valued the flexibility to buy from sources beyond their own FOP.
- ✓ **Accessible:** Two participants stressed the importance of accommodating pet owners who are digitally disadvantaged, less confident with electronic formats, or prefer traditional methods, highlighting the need to maintain these options to ensure equal access to prescriptions.

Negatives

Electronic prescriptions:

- × **May delay treatment:** Several participants pointed out that these may prolong a pet’s discomfort if the prescription is not obtained immediately.

“It’s irrelevant to offer the two options if I need it now”.

45-54, No current prescription

- × **Potentially limited usage:** A couple showed concern that some dispensers, both physical and online, may not accept digital prescription formats.

“For some drugs, when you buy them online, the pharmacy won’t accept a scanned or electronic prescription – they want a hard copy [...] The Gabapentin that I got, I had to send the drug company

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the paper prescription because it's a controlled drug.”
 55-64, Repeat and one-off prescription

3.9.2 Reactions to Remedy 8b: Maximum prescription charge

Overview of remedy: The CMA is considering whether to set a maximum charge for issuing a written prescription. Most written prescriptions are currently charged at between £10 and £30, and this maximum could be towards the lower end of this price range. This maximum refers to the charge for the prescription note only and does not cover the cost of the medicines.

Key takeaway: Reactions to the remedy were strongly positive.

There was broad agreement that capping prescription prices at a reasonable level would be a sensible approach, as many pet owners believed it could lead to lower costs for many customers. Several participants suggested that the remedy could be improved further by introducing a uniform price across practices, although a few expressed concern about the potential financial impact on veterinary practices.

Positives

- ✓ **Cost savings:** Based on the range provided for the maximum price, most assumed that they would pay less for written prescriptions – leading to significant cost savings, especially for those on repeat prescriptions.

“If someone said to me that we're going to half your cost and you're going to even pay the higher amount of that range every month, I'd say 'do it now'”.
 25-34, One-off and repeat prescription

- ✓ **Reasonable potential charge:** Almost all deemed the lower end of the current £10-£30 price range acceptable, with a few suggesting £10 would be most suitable.

“The maximum charge is good. I didn't realise how much it varied, I assumed the price of writing a prescription was standard, perhaps naively.”
 55-64, One-off and repeat prescription

- ✓ **Intuitive to set a cap:** Many felt issuing prescriptions is considered a basic veterinary service that does not incur much labour and, as such, should not carry a high cost.

“It doesn't take long to write out a prescription. I agree that they should charge a fee... it's electronic now anyways so you're talking a couple of minutes. I think £10 is a fair fee.”
 65-74, One-off and repeat prescription

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Negatives

- × **Causes a reduction in revenue for vets:** A few believed that it was fair that vets make money from their expertise and were concerned that businesses will suffer as a result of limiting profits with this remedy.

“I think it’s far too much regulation – I think vets should be allowed to charge what they feel is appropriate.”

75+ One-off and repeat prescription

- × **Remedy does not go far enough:** A couple felt that the effort for issuing a prescription is unlikely to vary between practices, therefore charges should be standardised rather than setting a maximum.


“I think there should be a charge that applies across the country for a pet prescription.”

65-74, Repeat prescription

- × **Costs re-routed:** A couple suggested vet practices may increase prices for other services (such as consultations) instead, if they had to charge less for issuing prescriptions.

“If you put a fixed charge on it, what is the scope of ongoing treatment? Does it limit the prescription to a month or three months? Does it change the review process?”

35-44, One-off and repeat prescription



Male aged 35-44

Non-LVG

David* had a seven-year-old dog who regularly took preventative flea and worm medicine. For this treatment, his vet charged £30 for each prescription.

He felt setting a maximum charge would be beneficial, particularly if paired with clearer guidance to owners about the option to request written prescriptions, protecting customers from being charged what he described as “*exorbitant rates*”.

“It goes hand-in-hand with [standardising information given to customers], it would safeguard consumers.”

* All names used in this report have been pseudonymised and marked with an asterisk.

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David also called for greater consistency of prescription length, particularly for repeat medication. He was only offered a three-month supply for his dog's flea and worm medication and felt this could reasonably be extended. He worries that, while setting a maximum charge is needed, some "unscrupulous" practices may limit the length of prescriptions for financial gain.

3.10 Remedy 9: Default for repeat prescriptions (CMA Remedy 10)

Researcher Note:

As detailed above, in the stimulus for Remedy 9: Default for repeat prescriptions, "written prescription" again referred to both hard copy and electronic versions. The difference in definition of "written prescription" between this and the previous remedies did cause some misunderstanding, but it appears to have had only a minor effect on participants' opinions.

3.10.1 Reactions to Remedy 9: Default for repeat prescriptions

Overview of remedy: For this remedy, the CMA is considering whether to allow customers to choose how they will automatically receive any prescriptions for repeat medicines.

Vet practices could be required to:

1. For any repeat medication, give pet owners the choice of whether they will automatically receive (and be charged for) a written prescription or whether they would prefer the default to be that it's dispensed in their vet practice. This means that where the pet owner has chosen to receive written prescriptions for repeat medication, they would not need to ask the vet for a written prescription – it would be given automatically.

If the customer chooses an automatic written prescription, this will apply whenever a repeat medicine is prescribed, except for:

- ❖ If the customer specifically asks for it to be dispensed by the vet practice
 - ❖ If the vet has a good clinical reason for it to be dispensed by the vet practice for example, in an emergency situation
2. Ask customers annually whether they are happy with the choice they have set for how they receive repeat prescriptions, or want to change it.
 3. Ensure that, when asking customers about their choice for repeat prescriptions, customers are informed that it is often significantly more expensive to buy repeat medicines in the vet practice, compared to online pharmacies⁴.

⁴ Stimulus material was adapted following the pilot group and again after the second group. The changes clarified that written prescriptions where the pet owner has chosen to receive written prescriptions for repeat medication, pet owners would not need to ask the vet for a written prescription – it would be given automatically.

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Key takeaway: This remedy had limited resonance among participants – with only a few perceiving usefulness of this remedy.

It was generally regarded as the least appealing of all remedies considered with participants noting challenges in visualising how it would operate and the benefits it could offer. Participants more commonly emphasised the importance of offering pet owners a choice of prescription type each time a prescription is issued, rather than it being assigned automatically. Most also agreed that asking veterinary practices to indicate when medicines are ‘significantly more expensive’ in-practice fell beyond their remit.

Positives

A few commented that the remedy would offer:

- ✓ **Efficiency:** Some felt setting a default seemed easier and more convenient - reducing “*life admin*”, as noted by one participant.
- ✓ **Transparency:** Some appreciated practices disclosing the cost difference if they were to buy the medications elsewhere versus in-practice.

“Transparency always reflects on trustworthiness. The more that they’re willing to tell you the more you feel you can trust that vet”.
18-24, No current prescription

Other single mentions included:

- ✓ Automated process felt simple if a pet owner only had one pet prescription.
- ✓ Removes potential awkwardness of asking the vet for a prescription to use elsewhere on each occasion.

Negatives

- × **Misunderstanding issue of prescription vs issue of medicine:** Many initially assumed that this remedy would automatically issue medicines without customer consent. Although this was clarified to pet owners during the research, it highlighted the remedy is not immediately intuitive to customers.
- × **Unclear benefit:** Most did not perceive a problem with the current system that requires them to specify each time whether they would like a written prescription or for medicine to be dispensed in-practice.

“They should ring you up and say you’re due another prescription, do you want it or not? And if you want it, do you want it to be electronic or written?”
75+ One-off and repeat prescription

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- × **Preference for flexibility:** Most wanted to have the control to choose their prescription type based on the situation. There were also concerns raised over incurring a cost for a written prescription automatically.
- × **Annual timeframe questioned:** Several participants on repeat prescriptions considered it more appropriate to align the remedy with their more frequent check-ups that reassess the suitability of pet's treatment. There were some other suggestions for quarterly or biannual check-ins instead.

“Legally, for repeat prescription, they have to see the pet every six months, so why would you only ask annually?”

55-64, One-off and repeat prescription

- × **‘Significantly more expensive’ deemed inappropriate:** A few agreed it is beyond a vet practice's responsibility to say this to pet owners – informing customers they can buy elsewhere was seen as sufficient.

“I think it's fair to say you can get it elsewhere, but I don't think you need to reference the price... I think there's only so far you can go with things like that, that is probably a bit too far in favour of the consumer.”

35-44, Repeat and one-off prescription

- × **Confusing where multiple medicines:** A couple of participants perceived that it would be hard to manage preferences for multiple pets, or for pets on multiple medicines, some bought in-house and some from other pharmacies. **‘Written prescription’ unclear:** It was occasionally questioned whether setting up automatic electronic prescriptions would be excluded from this remedy.

4. Appendix

4.1 Recruitment screener and email invitation

4.1.1 Research email invitation

Subject line:

Share your experiences of veterinary services and earn a £60 reward

Email body:

Good afternoon,

In late 2024, you completed a Vet Customer Survey for the Competition and Markets Authority (CMA) that explored your experiences of accessing veterinary services. At that time, you indicated that you would be happy to be contacted about taking part in future research.

The CMA is the UK's principal competition and consumer protection body responsible for promoting competitive markets and tackling unfair behaviour. The CMA are now working with us at Blue Marble Research, and we are inviting you to take part in an exciting further research opportunity.

We are inviting people to take part in 90-minute group discussions via Zoom as part of this research. If you are eligible take part, you will receive £60 as a thank you for your time and valuable feedback. Your contributions will play a vital role in improving the services veterinary practices provide and the information they can offer to customers.

.....

How to take part

Participation in this research is entirely voluntary. If you are interested in participating, please register your interest by completing this short form about you, your pet(s) and veterinary practice:

<https://bluemarble.questionpro.eu/VetCustomers>

These questions will help us identify if you are eligible to participate in the online discussions. After you have completed this form, someone from Blue Marble Research will get in contact with you via telephone or email if you are eligible to take part in this research.

The discussions will be conducted by Blue Marble Research, an independent research company. Any data shared will be securely stored and processed by Blue Marble Research. We are a member of the Market Research Society and abide by their code of conduct. Data will be treated as strictly confidential and bound to us in accordance with the Data Protection Act 2018 / UK GDPR. Your details will not be passed on to any third-party company without your consent. Blue Marble Research's privacy notice can be found [here](#), The CMA's privacy notice is [here](#).

.....

Your input will help us to improve the service provided to customers, and we would greatly appreciate your participation.

If you have any further questions about this research, or would like to opt out of communications, please contact Blue Marble Research at

Vets MI Remedies – Consumer Research

VetCustomers@bluemarbleresearch.co.uk. You may also contact OnlineSurveyD@cma.gov.uk if you have any additional questions.

Best regards,

Blue Marble Research

4.1.2 Recruitment screener

Competition and Markets Authority (CMA)

Vets Market Investigation Remedies Consumer Research 2025

Sample specification and participant screener

MODULE 1:

- 6 focus groups of 6 participants
- Total recruits: 42 (recruited 7 for 6)

Module 1	Pets	Customer of	Definition
Group 1	Dogs	Non-LVG	<ul style="list-style-type: none"> • Own a dog and taken to the vet in past 2 years (code 2 at Q4) • Coded as non-LVG in the datafile (column P)
Group 2	Cats	Non-LVG	<ul style="list-style-type: none"> • Own a cat and taken to the vet in past 2 years (code 1 at Q4) • Coded as non-LVG in the datafile (column P)
Group 3	Dogs	LVG	<ul style="list-style-type: none"> • Own a dog and taken to the vet in past 2 years (code 2 at Q4)
Group 4			<ul style="list-style-type: none"> • Coded as LVG in the datafile (column J-O)
Group 5	Cats	LVG	<ul style="list-style-type: none"> • Own a cat and taken to the vet in past 2 years (code 1 at Q4)
Group 6			<ul style="list-style-type: none"> • Coded as LVG in the datafile (column J-O)

In addition, aim for a good mix across:

- Demographics (age, gender, location, income, rurality)
- Perceived ownership of veterinary practice (incorrect vs correct status)
- Those with pet insurance versus those without
- Those with pet care plans versus those without

Prioritise those who have moved veterinary practice since the last survey.

MODULE 2:

Vets MI Remedies – Consumer Research

- 6 focus groups of 6 participants
- Total recruits: 42 (recruited 7 for 6)

Module 2	Pets	Treatment or service	Medicines	Definition
Group 1	Any	Referrals	Any	<ul style="list-style-type: none"> • Own any pet and taken to the vet in past 2 years (code 1-13 at Q4) • Has had a referral (code 1-3 at Q7) • Received any medicine type (code 1 at Q8)
Group 2	Any	Non-Routine Treatment at last visit	Any	<ul style="list-style-type: none"> • Own any pet and taken to the vet in past 2 years (code 1-13 at Q4) • Has had a non-routine treatment (code 2,6,8 at Q10) • Received any medicine type (code 1 at Q8)
Group 3	Dogs	Any	None or one-off	<ul style="list-style-type: none"> • Own a dog and taken to the vet in past 2 years (code 2 at Q4) • Has had any treatment/service (code 1-15 at Q10) • Received no medicine or a one-off prescription (code 2 at Q8 OR code 1 at Q9)
Group 4	Cats	Any	None or one-off	<ul style="list-style-type: none"> • Own a cat and taken to the vet in past 2 years (code 1 at Q4) • Has had any treatment/service (code 1-15 at Q10) • Received no medicine or a one-off prescription (code 2 at Q8 OR code 1 at Q9)
Group 5	Dogs	Any	Repeat	<ul style="list-style-type: none"> • Own a dog and taken to the vet in past 2 years (code 2 at Q4) • Has had any treatment/service (Q10) • Received a repeat prescription (code 2 at Q9)
Group 6	Cats	Any	Repeat	<ul style="list-style-type: none"> • Own a cat and taken to the vet in past 2 years (code 1 at Q4) • Has had any treatment/service (Q10) • Received a repeat prescription (code 2 at Q9)

In addition, aim for a good mix across:

- Demographics (age, gender, location, income, rurality)

Vets MI Remedies – Consumer Research

- Perceived ownership of veterinary practice (incorrect vs correct status)
- Those with pet insurance versus those without
- Those with pet care plans versus those without

Screener survey

Introduction:

Thank you for your interest in this research.

In late 2024, you completed a Vet Customer Survey for the Competition and Markets Authority (CMA) that explored your experiences of accessing veterinary services. At that time, you indicated that you would be happy to be contacted about taking part in future research. The CMA is the UK's principal competition and consumer protection body responsible for promoting competitive markets and tackling unfair behaviour.

We're now inviting people to join 90-minute online focus groups in mid-late September 2025, run by Blue Marble Research on behalf of the CMA. If selected, you will receive a £60 thank-you payment for your time.

Before confirming your place, we need to ask you a few questions – this should take around 5-10 minutes. This will help us check whether any of your details have changed since the last survey and will confirm your eligibility for this research. If you qualify, one of our researchers will contact you by phone to discuss your availability.

Participation in this research is entirely voluntary. Any data supplied via this form will be securely stored and processed by Blue Marble Research. We are a member of the Market Research Society and abide by their code of conduct. Data will be treated as strictly confidential and bound to us in accordance with the Data Protection Act 2018 / UK GDPR. Your details will not be passed on to any third-party company without your consent. Blue Marble Research's privacy notice can be found [here](#). Further data consent questions will be asked in this screener questionnaire.

It won't be possible for you to be identified in any of the data that Blue Marble or the CMA shares with others, nor in any of the research findings that the CMA makes public. For further information you can view the CMA's privacy notice [here](#).

You can find out more about the CMA and the research being undertaken [here](#).

If you have any further questions about this research, please contact Blue Marble at VetCustomers@bluemarbleresearch.co.uk or the CMA at OnlineSurveyD@cma.gov.uk

Please click **next** to continue.

Q1) Firstly, please provide us with the following contact details:

Name: _____
Preferred telephone number: _____
Email Address: _____

Your pet and veterinary practice

We are now going to ask some questions about your household pets and your engagement with your veterinary practice.

Vets MI Remedies – Consumer Research

Q2) Do you or does anyone in your immediate family work in the veterinary industry? Please select all that apply. **[MULTI CODE]**

- 1. I do **CLOSE**
- 2. Someone else in my family does **NOTE FOR MODERATOR INFO**
- 3. No **[EXCLUSIVE]**
- 4. Prefer not to say **[EXCLUSIVE]** **CLOSE**

Q3) When, if at all, was the last time you **personally** took your pet(s) to the vet (i.e. you went to a vet practice)? **[SINGLE CODE]**

- 1. Never **CLOSE**
- 2. More than 3 years ago **CLOSE**
- 3. Within the past 3 years **CLOSE**
- 4. Within the past 2 years **CONTINUE**
- 5. Within the past year **FOR THOSE WHO HAVE VISITED THE VET IN PAST 2 YEARS (CODE 4-6)**
- 6. Within the past 6 months ago **FOR THOSE WHO HAVE VISITED THE VET IN PAST 2 YEARS (CODE 4-6)**
- 7. Don't know/prefer not to say **CLOSE**

IF CODE 4-7 AT Q3

Q4) Please can you tell us which household pets you have **personally** taken to the vets in the past 2 years? Please select all that apply. **[MULTI CODE]**

1. Cat(s)	MUST SELECTED FOR MODULE 1, OR MODULE 2 GROUP 3-6
2. Dog(s)	MUST SELECTED FOR MODULE 1, OR MODULE 2 GROUP 3-6
3. Rabbit(s)	
4. Guinea pig(s)	
5. Hamster (s)	
6. Rat(s)	
7. Mouse/mice	
8. Fish (kept in a bowl, tank or pond at home)	
9. Birds (kept in a cage or aviary at home)	

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10. Reptile/amphibian e.g. snake, lizard, tortoise, frog	
11. Chinchilla(s)	
12. Ferret(s)	
13. Other [please specify]	

Q5a) Have you changed veterinary practices since **November 2024**?

1. Yes PRIORITY FOR MODULE 1
2. No
3. Don't know

FOR CODE 2, TO ASSESS THEIR TRUE OWNERSHIP CATEGORY (LVG VS NON-LVG), CHECK THE SURVEY DATA FILE.

- **FOR MODULE 1 LVG GROUPS (3-6), AIM FOR A GOOD MIX ACROSS DIFFERENT LVGs.**

IF CODE 1 OR 3 AT Q5a ('YES' TO CHANGING VETS)

Q5b) Please tell us the name and address of your current veterinary practice.

Name of practice

Address of practice

O.E ANSWERS TO BE PASSED BACK TO CMA FOR STATUS CODING DURING RECRUITMENT WINDOW

Q6a) Do you know whether your current vet practice is part of a large group of many practices, or whether it is an independent vet practice, or part of a small group of practices?
[SINGLE CODE]

1. It is part of a large group of vet practices (IVC Evidensia, CVS Group, Pets at Home, (including Vets4Pets, Companion Care), Linnaeus, Medivet or VetPartners)
2. It is an independent vet practice
3. It is part of a small group of practices
4. Don't know / can't recall

RECORD FOR INFO, AIM FOR A MIX OF PERCEPTION ACCURACY (CHECK AGAINST DATA FILE)

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IF CODE 1 AT Q6

Q6b) And do you know what the name of the large group is? **[SINGLE CODE]**

1. IVC Evidensia	
2. CVS Group, also known as the Vet Collection	
3. Pets at Home (includes Vets4Pets and Companion Care)	
4. Linnaeus	
5. Medivet	
6. VetPartners	
7. Other (specify)	
8. Don't know / can't recall	

Q7) Sometimes your vet will recommend that your pet is seen by another vet (e.g. to receive an expert opinion or a specialist treatment). We refer to these as 'referral visits'.

Have you had any referral visits to another vet in the last 2 years? Please select all that apply. **[MULTI CODE]**

1. Yes, to a vet in the same practice	MUST BE SELECTED FOR GROUP 1 IN MODULE 2
2. Yes, to a vet in a different practice	MUST BE SELECTED FOR GROUP 1 IN MODULE 2
3. I am scheduled to attend a referral visit but this hasn't happened yet	MUST BE SELECTED FOR GROUP 1 IN MODULE 2
4. No, I was recommended a referral visit but didn't accept this recommendation [EXCLUSIVE]	
5. No, I haven't been recommended a referral visit [EXCLUSIVE]	
6. Don't know/can't remember [EXCLUSIVE]	

Q8) Has your **[PET(S) SELECTED AT Q4]** been prescribed medication by your vet practice in the past 2 years? Please select all that apply. **[MULTI CODE, LOOP FOR EACH PET SELECTED]**

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1. Yes, only repeat prescription(s)	THIS OR CODE 3 MUST BE SELECTED FOR GROUP 5 OR 6 IN MODULE 2
2. Yes, only one-off prescription(s)	THIS OR CODE 4 MUST BE SELECTED FOR GROUP 3 OR 4 IN MODULE 2
3. Yes, both repeat prescription(s) and one-off prescription(s)	THIS OR CODE 1 MUST BE SELECTED FOR GROUP 5 OR 6 IN MODULE 2
4. No, my [PET(S) AT Q4] has not been prescribed medication by my vet practice in the past 2 years	THIS OR CODE 2 MUST BE SELECTED FOR GROUP 3 OR 4 IN MODULE 2
5. Don't know/can't remember	

Q9) DROPPED

Q10) Thinking about any visits to the vet in the past 2 years, what treatments and/or services have you used for your [PET(S) SELECTED AT Q4]? Please select all that apply. [MULTI CODE]

1. Regular/routine health check	<p>Routine Treatments = 1, 4, 5, 7, or 13 selected</p> <p>Non-routine Treatments = 2, 6, 8 selected</p> <p>MUST BE SELECTED FOR MODULE 2 GROUP 2</p> <p>Medicines/Prescriptions = 3, 11 selected</p>
2. Consultation to diagnose or treat a condition (e.g. if your pet was unwell or injured)	
3. Medication (routine or non-routine)	
4. Vaccinations (e.g. first or annual vaccinations)	
5. Microchipping	
6. Surgery (excluding neutering)	
7. Neutering	
8. Diagnostic tests (such as x-rays, biopsy, urinalysis and blood tests)	
9. Emergency care out of regular practice hours	
10. End of life services / my pet was put to sleep	
11. Prescriptions (no medication given, just the prescription)	
12. Dental work	

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13. Animal healthcare certificate (previously called pet passport)	
14. Other services provided by the vet (e.g. Nail clipping, pet weight management advice))	
15. Other (SPECIFY)	
16. Don't know / Can't recall (EXCLUSIVE)	NOT ELIGIBLE FOR MODULE 2

Q11) Do you currently have either of the following for at least one of your pets?

COLUMNS:

- Pet health plan** – a monthly or annual fee to your vet practice for a package of routine treatments and services (e.g. health checks and vaccinations)
- Pet insurance** - a contract that helps cover the costs of veterinary treatment for your pet's injuries and illnesses

ROWS:

1. Yes, currently have this	AIM FOR A GOOD MIX
No, I don't currently have this	
2. Don't know	

Demographic questions

We now need to ask you some demographic questions to ensure we are hearing from a wide range of different customer voices.

Q12) Please confirm which gender you identify as: [SINGLE CODE]

1. Male	AIM FOR A GOOD MIX
2. Female	
3. Non-binary	
4. Prefer to self-describe	
5. Prefer not to say	

Q13) Which of the following regions of the UK do you currently live in? [SINGLE CODE]

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1. South West
2. South East
3. Greater London
4. East of England
5. West Midlands
6. East Midlands
7. Yorkshire and Humber
8. North West
9. North East
10. Wales
11. Scotland
12. Northern Ireland
13. Prefer not to say

**AIM FOR A GOOD MIX OF ENGLAND,
WALES, SCOTLAND AND NORTHERN
IRELAND**

Q14) How old are you? [SINGLE CODE]

1. Under 18 **CLOSE**
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65-74
8. 75 or over
9. Prefer not to say

Q15) What is your annual household income, before tax and other deductions?

[SINGLE CODE]

1. Up to £9,999
2. £10,000 to £20,999

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3. £21,000 to £31,999
4. £32,000 to £41,999
5. £42,000 to £51,999
6. £52,000 to £74,999
7. £75,000 to £99,999
8. £100,000 or more
9. Don't know
10. Prefer not to say

Platform and accessibility questions

Q16) We will be holding our online focus groups on ZOOM. This enables us to screen-share images, presentations and videos which will be easier for you to view on larger devices.

With this in mind, please tell us which devices you have available to access the focus groups via ZOOM? Please select all that apply. **[MULTI CODE]**

1. Laptop computer	
2. Desktop computer	
3. Tablet	
4. Mobile phone	LOWER PRIORITY
5. Other (specify)	
6. None of the above [EXCLUSIVE]	LOWEST PRIORITY - CLARIFY WHEN SCREENING AND MARK INELIGIBLE IF NO DEVICES

Q17) How do you feel about using your device to join a ZOOM meeting? **[SINGLE CODE]**

VERY PROFICIENT: I have ZOOM on my device and can log onto it easily

PROFICIENT: I have ZOOM, but I don't really use it, but I can get it working myself.

NEED SOME ASSISTANCE: I don't have ZOOM, but I can download it and get it working myself or with some instruction

RESEARCHERS TO ARRANGE FOR SUPPORT IF NEEDED

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NEED ASSISTANCE: I don't have ZOOM and need assistance to get it and use it

**RESEARCHERS TO
ARRANGE FOR SUPPORT
IF NEEDED**

Q18) Aside from the technology, do you have any other needs or circumstances that would require support to be able to participate in an online focus group? **[SINGLE CODE]**

Yes (specify)

No

Availability questions

Q19) We'd also like to gauge your availability for the upcoming focus group sessions that will run from mid-September to early October.

Please select your expected availability for the following dates. We will only require you to attend one but please tick all timeslots you are able to attend. We will confirm an appropriate slot with you via phone call if you are eligible. **[MULTI SELECT]**

1. Tuesday 16th September
2. Wednesday 17th September
3. Monday 22nd September
4. Tuesday 23rd September
5. Wednesday 24th September
6. Monday 29th September
7. Tuesday 30th September
8. Wednesday 1st October
9. Thursday 2nd October
10. None of the above **[EXCLUSIVE]**
11. Don't know **[EXCLUSIVE]**

LOWEST PRIORITY

LOWEST PRIORITY

Confidentiality questions

Finally, we need to ask your permission for Blue Marble to securely store and process your data.

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Any and all information provided to Blue Marble and our client or any other company or persons working on our behalf on this market research project, is strictly confidential and bound to us in accordance with the Data Protection Act 1998/ GDPR 2018.

Blue Marble (the data processor) and the CMA (the data controller) will be processing your personal data using the lawful basis of ‘public task’ (processing necessary for the exercise of a statutory function of the CMA under the Enterprise Act 2002).

Your details will not be passed on to any third-party company and anything you say or do will be strictly confidential and anonymised in post-research reporting. A report will be made publicly available containing the research findings.

Q20) Do you consent to Blue Marble storing and processing your data securely until the final determination of the CMA investigation, and then deleting it? We will never pass your data to any third parties without your permission.

Yes	1	CONTINUE
No	2	CLOSE

Q21) The sessions will be recorded to support analysis and preparation of a report. Do you consent to video and audio recordings during the online groups being stored for these purposes until the end of the project?

Yes	1	CONTINUE
No	2	CLOSE

Q22) As part of this research are you willing to share any video and audio collected as part of the research in the following way:

	Yes	No
<p>“I agree to footage being used internally by Blue Marble for the purposes of the research (recordings would not be available to the CMA).”</p>	CONTINUE	CLOSE

Declaration:

I, the undersigned, confirm that (please tick each box as appropriate):

1.	I have understood the information about the project and what’s involved.	
2.	I have been given the opportunity to ask questions about the project and my participation.	
3.	I voluntarily agree to participate in the project.	
4.	I understand I can cease participation at any time without giving reasons and will not be questioned on why I have withdrawn. I understand that if I cease participation before the focus group I will not receive an incentive.	

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5.	The procedures regarding confidentiality have been clearly explained (e.g., anonymisation of data, etc.) to me.	
6.	If applicable, separate terms of consent for interviews, audio, video, or other forms of data collection have been explained and provided to me.	
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	
8.	I understand that researchers and the end client will have access to this data only if they agree to preserve the confidentiality of the data.	
9.	I, agree to sign and date this informed consent form.	

Please type the date and your name to act as a signature to the above consents:

Type date:

Type name

[END SCREEN]

Thank you. Blue Marble Research will be in touch to confirm you for this research via telephone, if you are eligible.

If you have any further questions about this research, please contact Blue Marble at VetCustomers@bluemarbleresearch.co.uk or the CMA at OnlineSurveyD@cma.gov.uk

4.2 Discussion guides and stimulus materials

This section presents both the pilot and final versions of the discussion guides and stimulus materials for each module. It outlines the refinements made following the pilot groups and, where relevant, subsequent research sessions.

For Module 1, the structure of the discussion guide was revised after the first pilot group. The stimulus for Remedy 2 (Satisfaction Survey) was also updated to include average percentage figures for the six LVGs, as well as a combined figure for all non-LVGs. Ahead of the final two Module 1 groups, an additional probe was introduced to explore participants' experiences of past billing - specifically, how detailed their bills had been and the extent to which different services had been itemised.

For Module 2, the wording of the stimulus relating to Remedy 9 (Default for repeat prescriptions) was refined after both the pilot group and the second group to ensure greater clarity and nuance. Updated versions of the stimulus materials and the associated discussion guide were produced to reflect these changes.

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4.2.1 Pilot discussion guide: Module 1 – First Opinion Practices (FOPs)

Objectives:

- Understand customers' reactions and views on information remedies relating to choice of vet practice being considered as part of the CMA's Investigation into the Veterinary market
- Discuss ways in which the new information may or may not change the way in which research participants change their behaviour in the market
- Capture ideas and suggestions for ways in which the information could be made more useful

Moderator notes:

- Moderator to familiarise themselves with stimulus document.
- Ahead of session, note if any end of life / cremation services used which need to be handled sensitively.
- Participants who have family members working in the vet industry will be screened out at recruitment – but if any significant involvement with the veterinary industry comes to light during fieldwork, please excuse that participant.

Discussion outline (90 mins)	
1. Introduction	10 mins
2. Choice of practice	10 mins
3. Vet practice ownership	15 mins
4. Satisfaction survey	5 mins
5. Provision of information	10 mins
6. Mandatory information	10 mins
7. Comparison site	15 mins
8. Pet Health plan calculator	10 mins
9. Close	5 mins

Discussion guide

1. Introduction (10 mins)

Moderator introduction to Blue Marble:

- **START RECORDING**
- **Purpose of session:** Thank you for joining. Today we're going to discuss your experiences and views of accessing veterinary practices and services.
- **Introduction to Blue Marble:** We are an independent research agency who run research on behalf of different companies and organisations. We are running this research on behalf of the Competition and Markets Authority (CMA) - but we are not a part of their organisation.

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- **Data protection:** This session will be audio and video recorded for analysis purposes. Researchers from Blue Marble Research will listen to this recording, but it won't be shared beyond the research team and won't be made public.
- **[If applicable] Observers:** We have some observers from the CMA joining the session today. They are just here to listen to the conversation and take notes, and will keep their cameras and microphones off.
- **Encouragement:** There are no right or wrong answers so please feel comfortable to be honest with your responses. I ask that we all show respect to others in the group and I will encourage each of you to share your opinions broadly equally.

Participant introductions:

To start off, please introduce yourselves; tell us your name, where you live and what pets you have.

Moderator to make brief conversation e.g. pet name, how old pet is, how pets get along together

2. Choice of practice (10 mins)

We are going to start by talking about the veterinary practice you use for your pet(s).

- How long have you been with your current vet practice for?
- How did you choose which vet practice to use?
 - What factors were important to you? *Probe:* location, prices, recommendations, opening hours etc
- How did you find the process of choosing a vet practice?
 - What, if anything, was easy about the process?
 - What, if anything, was less easy about the process?
- What, if any, information did you use to help you to decide?
 - Where did you find it?
 - How useful did you find it?
 - Was there any information that you would have found useful but could not find? *Probe in detail*
- Have you ever considered changing your vet practice? *Throughout, probe any driver/barriers to change mentioned, focusing on those not due to house move/practice closing down*
 - Did you go ahead and change? Why/why not?
 - How easy did you find the process of changing?

3. Vet practice ownership (15 mins)

Moderator note: For the purposes of discussion we will consider independent and small group practices as one segment, and large group practices as another.

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Vet practices range from being a single independent practice or part of a small group of practices, to being part of a large group of more than a hundred practices owned by a parent company.

- What type of practice is your vet? Independent/part of a small group or part of a large group?
 - How do you know this?
 - How certain are you that this is the case?
- To what extent were you aware of this when you chose your vet? To what extent did it influence your choice, if at all?
- Has your vet practice changed ownership while you have been a customer? From what to what?
 - IF YES:**
 - What changes have you noticed since the change in ownership, if any? How do you feel about these changes?
- To what extent does it matter to you that your vet practice is independent/part of a small group, or part of a large group (a “large group practice”)?
 - Why? *Probe:*
 - *quality of care*
 - *price*
 - *continuity of staff*
 - *access to specialist*
 - *trust/reputation*
- What might be the benefits of being independent/small group versus being part of a large group, if any?
 - What might be the disadvantages, if any?

I'm going to show you some pictures of some veterinary practices.

SHARE STIMULUS A – Practice pictures

- Who recognises any of these?
 - Looking at these pictures, which of these practices would you be drawn to using, if any? Why?
 - *For each in turn:* From what you know, would you say this is independent/small group practice, or a large group practice? *Nb, discuss but do not confirm segment*

All of the practices pictured are what in this research session we will call “large group practices” – a practice that is part of a large group owned, in whole or in part, by one of 6 companies: Pets at Home, Medivet, IVC, Linnaeus, CVS and VetPartners. Altogether, about 2,500 vet practices (three in five in the UK), are part of a large group owned by one of these.

- *Gauge reactions to this and probe:*
 - To what extent does this change how much you would be drawn to using any of these, if at all? Why?

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As you can see, one of the large groups, Medivet, uses its name on the practice sign. This one, Vets for Pets, uses the same style of branding as its parent company, Pets at Home. The other two, Wheelhouse and Broadway, are both part of large group practices but this isn't shown on their sign.

- How do you feel about the practice not showing the name of the group it is part of? To what extent do you think it is important for consumers that this information is visible?

As part of its investigation, the CMA is proposing to require practices that are part of a large group to make this clear to consumers, for example, by including the words “part of the xxxxx group” after the practice name, or other ways of showing this.

- What is your initial reaction to this idea?
 - What, if any, do you think might be the benefit(s) of this? Why?
 - What, if any, do you think might be the disadvantage(s) of this? Why?
 - To what extent would this matter to you, if at all?
- If this were done, where else should information be displayed, other than putting the group name on the practice sign, and how? *If necessary, probe website, in-practice, on leaflets*
- Overall, to what extent would you support or oppose this change? Why?

4. Satisfaction survey (5 mins)

As part of its investigation, the CMA is considering whether it should require the industry to run a survey every other year asking vet customers across the country how satisfied they are with various aspects of the service they receive, including cost, from their vet practice. Results would be calculated for customers of each of the six large groups and would be published. It is proposed that average results, with caveats, would also be shown for customers across independent and small group practices. I will show you the type of information that you might be able to see.

SHARE STIMULUS B – SURVEY

- What do you think of the idea to run this survey and publish the results?
- To what extent would results like these be useful? In what way?
- To what extent do you think the right topics are covered? What would you add, if anything?

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5. Provision of information (10 mins)

Now we'd like to focus on information about veterinary services that you have found online or directly through your vet, rather than through other sources like friends or family.

Moderator note: Key element here is transparency of pricing when choosing vet or using existing vet's services. Much will come out naturally, but probe as appropriate.

- What kinds of information about veterinary services have you looked for in the past?
If necessary: *For example, services offered, pricing*
 - At what point did you look for this information e.g. when choosing a practice, when service required by pet.
 - Where did you look for it?
- How do you find the process of finding information you want?
 - How easy is it to find?
 - How easy is the information to understand?
 - To what extent can you usually find what you are looking for?
 - What other information would you like to see?
- *If not already covered:* How does the type of information you look for differ when you're choosing a vet compared to when you're already registered with one?

Thinking about when you have used your practice in the past:

- When you have received a bill for services, to what extent were you expecting the amount that you were charged? Any surprises ever?
 - To what extent did you feel sufficient information about prices was available, either before or after using the services?
 - To what extent did you investigate how charges received compared to any published prices?
 - **If prices weren't available beforehand:** How, if at all, would it have changed things if prices had been available for you to see beforehand?

6. Mandatory information (10 mins)

As part of its investigation, the CMA is considering whether it should require veterinary practices to include certain information on their websites, including key details about pricing.

SHARE STIMULUS C1

On the screen is mock-up of the type of information that all large group vet practices would have to publish about their prices. At the top of the page you can select what kind of pet you have and see the costs for different services [refer to the stimulus material] for that kind of animal. You can see that services are displayed as being either core services, or additional service. The additional services are grouped under sub-headings and appear in a long list that you can scroll down (only the first part of the list is shown in the slide). In the example, 'routine dentistry' has been selected and revealed some more information about what the service provides.

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- What do you think of price information being displayed like this?
- What do you like about it, if anything?
- What don't you like about it, if anything?
 - *Probe on usefulness of type of pet, level of detail, ranges vs absolute prices, weight classification of pets*

*I'd like you to look at the text at the bottom of the slide. **SHOW STIMULUS C2 TO SHOW THIS BOX'S CONTENT IN A LARGER FONT***

- Had you noticed it before? What do you think about it?
- If your practice had a price list like this, how likely would you be to use it?
 - At what point do you think you would be most likely to use it?
Probe on: choosing a vet (or comparing vets), ahead of any treatment or ahead of specific treatment
- Where would you want to see this list?
 - *Probe on: In practice, on the website, on other sites*

SHOW STIMULUS C3 – PRICES

MODERATOR TO EXPLAIN THE DIFFERENCE BETWEEN THE TWO SLIDES (TABS ALONG THE TOP VS. LONG LIST)

On the next screen is the same kind of system, but it's laid out within tabs which you can click on to see the different types of services.

- Which presentation of prices do you prefer? The first one with a series of price lists accessed by tabs, or the second in which prices are shown in a single long list?

11. 7. Comparison site (15 mins)

I'd now like to talk to you about comparison websites, both more generally and then for veterinary practices.

Comparison sites:

- Are you aware of any websites that consumers can use to compare products or services? *Quick show of hands*
 - Who here uses these websites? *Quick show of hands?*
 - Shout out what products or services you use them for.
To what extent do you find them useful? Quick show of hands as moderator reads out scale Why?
- If it was possible to do so, how likely would you be to use this kind of website to compare veterinary services?
 - At what point do you think you would be most likely to use it? E.g. *choosing a vet (or comparing vets), ahead of any treatment or ahead of specific treatment*
 - What information would you want to be able to compare?

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SHARE STIMULUS D/E/F – COMPARISON SITE MOCK-UPS

I'm going to show you some mock-ups of what this kind of veterinary comparison site could look like – they are still under development, so please just focus on the content, rather than formatting or presentation.

The CMA is proposing that a comparison website is developed that enables you to search for a vet in your local area when choosing or switching a vet practice, or looking for a particular treatment. This site would provide some information about every practice – whether it's independent, part of a small group or part of a large group. It would enable the customer to enter a location, their pets and whether they were looking for a specific treatment. A map of local practices would be shown together with information about each of the practices. This would include such things as services offered and price lists.

- What are your initial impressions of what you can do on the website?
 - What do you like about it, if anything?
 - What do you dislike about it, if anything?
- How likely would you be to use it? *Probe: selecting vet practice for first time, considering expected services*
- To what extent do you think such a website would be useful to you?
 - What do you think you might use it for?
 - How do you see it changing the way you manage your pet's veterinary needs, if at all?
- From all that you've seen, what do you think would be the most useful aspect of a comparison site?
- What would you want to change about it or add, if anything?

To enable a comprehensive view of veterinary services, all practices, no matter their ownership, would have to collate the relevant information so it can be included.

- How do you feel about this?

One option we are considering is for the RCVS, the professional body for vets, to host this comparison website. This would involve adding additional information to the 'Find A Vet' site which it already hosts.

- What do you think of this?
- To what extent does it matter to you who hosts the site?

8. Pet Health Plan Calculator (10 mins)

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Many vets offer a pet health plan, where the client pays a monthly fee to cover basic treatment for their pets, such as annual health checks and vaccinations.

- Do you currently have a pet health plan?
 - If yes:
 - Why did you choose to sign up to one?
 - To what extent do you find this good value? Why/why not? How do you know if it is good value or not?
 - If no:
 - Why not? *Probe barriers around awareness, need, perceived value for money etc*
 - Have you previously had a plan? Why did you cancel it?
- How easy or difficult do you find it to know if a plan is value for money?
 - *Is there anything that would help you understand this better?*
 - *Have you seen any information on prices from your vet which has helped you understand this?*

As part of its investigation the CMA is considering whether it should require vet practices which offer a pet care plan to provide information to the organisation running the comparison website. The comparison website would be required to have a pet care plan calculator that you could use to calculate the likely savings (or extra costs) to you of taking out a pet care plan for your pet.

SHARE STIMULUS G – CALCULATOR MOCK-UP *Moderator to remind participants to focus on the content, rather than formatting or presentation*

The calculator would ask the customer to select the type of pet and specific plan they are considering. The calculator would provide the cost of the plan, plus the services offered on the plan. In addition, it would provide the combined cost of these services if obtained without the pet care plan, based on the typical number of times that animal would need those services. It would then give an estimate of the saving (if any) a customer would be likely to make by taking out the plan. The customer would be able to change the number of times they think they would use each of the services in the plan, if they think they may use them more or less than the typical customer. You could then recalculate the comparison based upon this, to make it more accurate to your pet's circumstances.

- What are your initial impressions of the calculator?
 - What do you like about it, if anything?
 - What do you dislike about it, if anything?
- How likely would you be to use it?
- To what extent do you think this calculator would be useful to you?
 - What do you think you might use it for?

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- How do you see it changing the way you manage your pet's veterinary needs, if at all?

One possibility might be to use the calculator to work out whether you have saved or lost money over the past year.

- What do you think of this?
- How likely would you be to use the calculator for this purpose? Why?
- Is there anything you would want to change about it?

9. Close (5 mins)

This brings us almost to the end of our discussion today - thank you all for participating and your valuable contributions.

To wrap up, I'd like to ask all of you a couple of final questions:

- Based on what we've discussed today, what would you say is your top priority for change, if anything, that you would like to be considered?
- Before taking part in this research, had you been aware of the investigation into the Vet industry?
 - If they mention awareness through the survey, check if they knew before then

Thank, reconfirm data protection, confirm incentive and close.

Vets MI Remedies – Consumer Research

4.2.2 Final discussion guide: Module 1 – First Opinion Practices (FOPs)

Objectives:

- Understand customers' reactions and views on information remedies relating to choice of vet practice being considered as part of the CMA's Investigation into the Veterinary market
- Discuss ways in which the new information may or may not change the way in which research participants change their behaviour in the market
- Capture ideas and suggestions for ways in which the information could be made more useful

Moderator notes:

- Moderator to familiarise themselves with stimulus document.
- Ahead of session, note if any end of life / cremation services used which need to be handled sensitively.
- Participants who have family members working in the vet industry will be screened out at recruitment – but if any significant involvement with the veterinary industry comes to light during fieldwork, please excuse that participant.

Discussion outline (90 mins)	
1. Introduction	10 mins
2. Choice of practice	10 mins
3. Vet practice ownership	15 mins
4. Satisfaction survey	5 mins
5. Provision of information	10 mins
6. Mandatory information	10 mins
7. Comparison site	15 mins
8. Pet Health plan calculator	10 mins
9. Close	5 mins

Discussion guide

1. Introduction (10 mins)

Moderator introduction to Blue Marble:

- **START RECORDING**
- **Purpose of session:** Thank you for joining. Today we're going to discuss your experiences and views of accessing veterinary practices and services.
- **Introduction to Blue Marble:** We are an independent research agency who run research on behalf of different companies and organisations. We are running this research on behalf of the Competition and Markets Authority (CMA) - but we are not a part of their organisation.

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- **Data protection:** This session will be audio and video recorded for analysis purposes. Researchers from Blue Marble Research will listen to this recording, but it won't be shared beyond the research team and won't be made public.
- **[If applicable] Observers:** We have some observers from the CMA joining the session today. They are just here to listen to the conversation and take notes, and will keep their cameras and microphones off.
- **Encouragement:** There are no right or wrong answers so please feel comfortable to be honest with your responses. I ask that we all show respect to others in the group and I will encourage each of you to share your opinions broadly equally.

Participant introductions:

To start off, please introduce yourselves; tell us your name, where you live and what pets you have.

Moderator to make brief conversation e.g. pet name, how old pet is, how pets get along together

2. Choice of practice (10 mins)

We are going to start by talking about the veterinary practice you use for your pet(s).

- How long have you been with your current vet practice for?
- How did you choose which vet practice to use?
 - What factors were important to you? *Probe:* location, prices, recommendations, opening hours etc
- How did you find the process of choosing a vet practice?
 - What, if anything, was easy about the process?
 - What, if anything, was less easy about the process?
- What, if any, information did you use to help you to decide?
 - Where did you find it?
 - How useful did you find it?
 - Was there any information that you would have found useful but could not find? *Probe in detail*
- Have you ever considered changing your vet practice? *Throughout, probe any driver/barriers to change mentioned, focusing on those not due to house move/practice closing down*
 - Did you go ahead and change? Why/why not?
 - How easy did you find the process of changing?

3. Vet practice ownership (15 mins)

Moderator note: For the purposes of discussion we will consider independent and small group practices as one segment, and large group practices as another.

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Vet practices range from being a single independent practice or part of a small group of practices, to being part of a large group of more than a hundred practices owned by a parent company.

- What type of practice is your vet? Independent/part of a small group or part of a large group?
 - How do you know this?
 - How certain are you that this is the case?
- To what extent were you aware of this when you chose your vet? To what extent did it influence your choice, if at all?
- Has your vet practice changed ownership while you have been a customer? From what to what?
 - IF YES:**
 - What changes have you noticed since the change in ownership, if any? How do you feel about these changes?
- To what extent does it matter to you that your vet practice is independent/part of a small group, or part of a large group (a “large group practice”)?
 - Why? *Probe:*
 - *quality of care*
 - *price*
 - *continuity of staff*
 - *access to specialist*
 - *trust/reputation*
- What might be the benefits of being independent/small group versus being part of a large group, if any?
 - What might be the disadvantages, if any?

I'm going to show you some pictures of some veterinary practices.

SHARE STIMULUS A – Practice pictures

- Who recognises any of these?
 - Looking at these pictures, which of these practices would you be drawn to using, if any? Why?
 - *For each in turn:* From what you know, would you say this is independent/small group practice, or a large group practice? *Nb, discuss but do not confirm segment*

All of the practices pictured are what in this research session we will call “large group practices” – a practice that is part of a large group owned, in whole or in part, by one of 6 companies: Pets at Home, Medivet, IVC, Linnaeus, CVS and VetPartners. Altogether, about 2,500 vet practices (three in five in the UK), are part of a large group owned by one of these.

- *Gauge reactions to this and probe:*
 - To what extent does this change how much you would be drawn to using any of these, if at all? Why?

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As you can see, one of the large groups, Medivet, uses its name on the practice sign. This one, Vets for Pets, uses the same style of branding as its parent company, Pets at Home. The other two, Wheelhouse and Broadway, are both part of large group practices but this isn't shown on their sign.

- How do you feel about the practice not showing the name of the group it is part of? To what extent do you think it is important for consumers that this information is visible?

As part of its investigation, the CMA is proposing to require practices that are part of a large group to make this clear to consumers, for example, by including the words “part of the xxxxx group” after the practice name, or other ways of showing this.

- What is your initial reaction to this idea?
 - What, if any, do you think might be the benefit(s) of this? Why?
 - What, if any, do you think might be the disadvantage(s) of this? Why?
 - To what extent would this matter to you, if at all?
- If this were done, where else should information be displayed, other than putting the group name on the practice sign, and how? *If necessary, probe website, in-practice, on leaflets*
- Overall, to what extent would you support or oppose this change? Why?

4. Satisfaction survey (5 mins)

As part of its investigation, the CMA is considering whether it should require the industry to run a survey every other year asking vet customers across the country how satisfied they are with various aspects of the service they receive, including cost, from their vet practice. Results would be calculated for customers of each of the six large groups and would be published. It is proposed that average results, with caveats, would also be shown for customers across independent and small group practices. I will show you the type of information that you might be able to see.

SHARE STIMULUS B – SURVEY

- What do you think of the idea to run this survey and publish the results?
- To what extent would results like these be useful? In what way?
- To what extent do you think the right topics are covered? What would you add, if anything?

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5. Provision of information (10 mins)

Now we'd like to focus on information about veterinary services that you have found online or directly through your vet, rather than through other sources like friends or family.

Moderator note: Key element here is transparency of pricing when choosing vet or using existing vet's services. Much will come out naturally, but probe as appropriate.

- What kinds of information about veterinary services have you looked for in the past?
If necessary: *For example, services offered, pricing*
 - At what point did you look for this information e.g. when choosing a practice, when service required by pet.
 - Where did you look for it?
- How do you find the process of finding information you want?
 - How easy is it to find?
 - How easy is the information to understand?
 - To what extent can you usually find what you are looking for?
 - What other information would you like to see?
- *If not already covered:* How does the type of information you look for differ when you're choosing a vet compared to when you're already registered with one?

Thinking about when you have used your practice in the past:

- When you have received a bill for services, to what extent were you expecting the amount that you were charged? Any surprises ever?
 - To what extent did you feel sufficient information about prices was available, either before or after using the services?
 - To what extent did you investigate how charges received compared to any published prices?
 - How detailed was the bill you received? To what extent were prices for the different services broken down for you?⁵
 - **If prices weren't available beforehand:** How, if at all, would it have changed things if prices had been available for you to see beforehand?

6. Mandatory information (10 mins)

As part of its investigation, the CMA is considering whether it should require veterinary practices to include certain information on their websites, including key details about pricing.

⁵ This question was added to the discussion guide after feedback on the pilot group.

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SHARE STIMULUS C1

On the screen is mock-up of the type of information that all large group vet practices would have to publish about their prices. At the top of the page you can select what kind of pet you have and see the costs for different services [refer to the stimulus material] for that kind of animal. You can see that services are displayed as being either core services, or additional services. The additional services are grouped under sub-headings and appear in a long list that you can scroll down (only the first part of the list is shown in the slide). In the example, 'routine dentistry' has been selected and revealed some more information about what the service provides.

- What do you think of price information being displayed like this?
- What do you like about it, if anything?
- What don't you like about it, if anything?
 - Probe on usefulness of type of pet, level of detail, ranges vs absolute prices, weight classification of pets

I'd like you to look at the text at the bottom of the slide. **SHOW STIMULUS C2 TO SHOW THIS BOX'S CONTENT IN A LARGER FONT**

- Had you noticed it before? What do you think about it?
- If your practice had a price list like this, how likely would you be to use it?
 - At what point do you think you would be most likely to use it?
Probe on: choosing a vet (or comparing vets), ahead of any treatment or ahead of specific treatment
- Where would you want to see this list?
 - Probe on: In practice, on the website, on other sites

SHOW STIMULUS C3 – PRICES

MODERATOR TO EXPLAIN THE DIFFERENCE BETWEEN THE TWO SLIDES (TABS ALONG THE TOP VS. LONG LIST)

On the next screen is the same kind of system, but it's laid out within tabs which you can click on to see the different types of services.

- Which presentation of prices do you prefer? The first one with a series of price lists accessed by tabs, or the second in which prices are shown in a single long list?

11. 7. Comparison site (15 mins)

I'd now like to talk to you about comparison websites, both more generally and then for veterinary practices.

Comparison sites:

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- Are you aware of any websites that consumers can use to compare products or services? *Quick show of hands*
 - Who here uses these websites? *Quick show of hands?*
 - Shout out what products or services you use them for.
To what extent do you find them useful? *Quick show of hands as moderator reads out scale* Why?
- If it was possible to do so, how likely would you be to use this kind of website to compare veterinary services?
 - At what point do you think you would be most likely to use it? E.g. *choosing a vet (or comparing vets), ahead of any treatment or ahead of specific treatment*
 - What information would you want to be able to compare?

SHARE STIMULUS D/E/F – COMPARISON SITE MOCK-UPS

I'm going to show you some mock-ups of what this kind of veterinary comparison site could look like – they are still under development, so please just focus on the content, rather than formatting or presentation.

The CMA is proposing that a comparison website is developed that enables you to search for a vet in your local area when choosing or switching a vet practice, or looking for a particular treatment. This site would provide some information about every practice – whether it's independent, part of a small group or part of a large group. It would enable the customer to enter a location, their pets and whether they were looking for a specific treatment. A map of local practices would be shown together with information about each of the practices. This would include such things as services offered and price lists.

- What are your initial impressions of what you can do on the website?
 - What do you like about it, if anything?
 - What do you dislike about it, if anything?
- How likely would you be to use it? *Probe: selecting vet practice for first time, considering expected services*
- To what extent do you think such a website would be useful to you?
 - What do you think you might use it for?
 - How do you see it changing the way you manage your pet's veterinary needs, if at all?
- From all that you've seen, what do you think would be the most useful aspect of a comparison site?
- What would you want to change about it or add, if anything?

To enable a comprehensive view of veterinary services, all practices, no matter their ownership, would have to collate the relevant information so it can be included.

- How do you feel about this?

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One option we are considering is for the RCVS, the professional body for vets, to host this comparison website. This would involve adding additional information to the 'Find A Vet' site which it already hosts.

- What do you think of this?
- To what extent does it matter to you who hosts the site?

8. Pet Health Plan Calculator (10 mins)

Many vets offer a pet health plan, where the client pays a monthly fee to cover basic treatment for their pets, such as annual health checks and vaccinations.

- Do you currently have a pet health plan?
 - If yes:
 - Why did you choose to sign up to one?
 - To what extent do you find this good value? Why/why not? How do you know if it is good value or not?
 - If no:
 - Why not? *Probe barriers around awareness, need, perceived value for money etc*
 - Have you previously had a plan? Why did you cancel it?
- How easy or difficult do you find it to know if a plan is value for money?
 - *Is there anything that would help you understand this better?*
 - *Have you seen any information on prices from your vet which has helped you understand this?*

As part of its investigation the CMA is considering whether it should require vet practices which offer a pet care plan to provide information to the organisation running the comparison website. The comparison website would be required to have a pet care plan calculator that you could use to calculate the likely savings (or extra costs) to you of taking out a pet care plan for your pet.

SHARE STIMULUS G – CALCULATOR MOCK-UP *Moderator to remind participants to focus on the content, rather than formatting or presentation*

The calculator would ask the customer to select the type of pet and specific plan they are considering. The calculator would provide the cost of the plan, plus the services offered on the plan. In addition, it would provide the combined cost of these services if obtained without the pet care plan, based on the typical number of times that animal would need those services. It would then give an estimate of the saving (if any) a customer would be likely to make by taking out the plan. The customer would be able to change the number of times they think they would use each of the services in the plan, if they think they may use them more or less than the typical customer. You could then recalculate the comparison based upon this, to make it more accurate to your pet's circumstances.

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- What are your initial impressions of the calculator?
 - What do you like about it, if anything?
 - What do you dislike about it, if anything?
- How likely would you be to use it?
- To what extent do you think this calculator would be useful to you?
 - What do you think you might use it for?
 - How do you see it changing the way you manage your pet's veterinary needs, if at all?

One possibility might be to use the calculator to work out whether you have saved or lost money over the past year.

- What do you think of this?
- How likely would you be to use the calculator for this purpose? Why?
- Is there anything you would want to change about it?

10. Close (5 mins)

This brings us almost to the end of our discussion today - thank you all for participating and your valuable contributions.

To wrap up, I'd like to ask all of you a couple of final questions:

- Based on what we've discussed today, what would you say is your top priority for change, if anything, that you would like to be considered?
- Before taking part in this research, had you been aware of the investigation into the Vet industry?
 - If they mention awareness through the survey, check if they knew before then

Thank, reconfirm data protection, confirm incentive and close.

Vets MI Remedies – Consumer Research

4.2.3 Pilot discussion guide: Module 2 – Treatments, Referrals, and Medicines

Objectives:

- Understand customers' reactions and views on information remedies relating to treatments and referrals and to medicines being considered as part of the CMA's Market Investigation into veterinary services for household pets
- Discuss ways in which the new information may or may not change the way in which research participants behave in the market
- Capture ideas and suggestions for ways in which the information could be made more useful

Moderator notes:

- Ahead of session, note if participants have had any referrals, treatments or medicines prescribed.
- Ahead of session, note if any end of life / cremation services used which need to be handled sensitively.
- Participants who have family members working in the vet industry will be screened out at recruitment – but if any significant involvement with the veterinary industry comes to light during fieldwork, please excuse that participant.

Discussion outline (90 mins)	
1. Introduction	10 mins
2. Treatments and referrals experiences	10 mins
3. Treatment and referrals remedy	10 mins
4. Medicine purchase experiences	20 mins
5. Medicines remedies	35 mins
6. Close	5 mins

Discussion guide

1. Introduction (10 mins)

Moderator introduction to Blue Marble:

- **START RECORDING**
- **Purpose of session:** Thank you for joining. Today we're going to discuss your experiences and views of accessing veterinary practices and services.
- **Introduction to Blue Marble:** We are an independent research agency who run research on behalf of different companies and organisations. We are running this research on behalf of the Competition and Markets Authority (CMA) - but we are not a part of its organisation.
- **Data protection:** This session will be audio and video recorded for analysis purposes. Researchers from Blue Marble Research will listen to this recording, but it won't be shared beyond the research team and won't be made public.

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- **[If applicable] Observers:** We have some observers from the CMA joining the session today. They are just here to listen to the conversation and take notes, and will keep their cameras and microphones off.
- **Encouragement:** There are no right or wrong answers so please feel comfortable to be honest with your responses. I ask that we all show respect to others in the group and I will encourage each of you to share your opinions broadly equally.

Participant introductions:

To start off, please introduce yourselves; tell us your name, where you live and what pets you have.

Moderator to make brief conversation e.g. pet name, how old pet is, how pets get along together

Moderator to inform participants to focus on the relevant pet type as per their recruitment group (e.g. cat, dog or any).

2. Treatments and Referrals (10 mins)

Moderator to take note beforehand of whether the group contains those who have experienced a referral and/or treatment in the past 2 years and tailor accordingly. For Group 1, moderator to encourage recall of referral experience and for Group 2 a non-routine treatment experience.

We are going to start by talking about your pet's or pets' recent treatments and referrals at your veterinary practice.

For Group 1, moderator to focus on referral element:

A referral is when your vet recommends that your pet is seen by another vet (often at another practice, but it could be a specialist vet in the same practice), to receive an expert opinion or a specialist treatment, for example.

- Tell me about the most recent **referral(s)** your pet has received within the last two years.
 - Were they referred within the practice or to another veterinary practice?
 - What was the referral for?
 - How was this experience?
 - Did your pet receive any treatment as a result – if so, what?

For Group 2, moderator to focus on non-routine treatment element:

I'd specifically like you to think about non-routine treatments with your pet(s). Non-routine treatments include consultations to diagnose or treat a condition when your pet is unwell or injured, or surgeries (not neutering) or diagnostic tests such as X-rays, biopsies and blood tests.

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- Tell me about the most recent **non-routine treatment(s)** your pet has received within the last two years.
 - What was the treatment for?
 - How was this experience?
 - Was your pet treated by your usual vet or by a different vet they were referred to?

For Group 3-6, moderator to focus on any treatment/referral experience:

- Tell me about the most recent **treatment(s)** your pet has received within the last two years.
 - What was the treatment for?
 - How was this experience?
 - Was your pet treated by your usual vet or after referral to another vet?

All Groups:

Moderator to tailor probes accordingly to whether a referral or a treatment

- Thinking about the treatment/referrals you've just told me about, tell me how you decided whether to go ahead with this.
- What advice and information, if any, were you provided about it by your vet?
 - Did your vet discuss any other treatment/referral options with you? How was this process?
 - **IF A REFERRAL:** Were you told of any other providers/vets for the referral which might offer the same treatment? If so, how did you decide between them?
 - How satisfied or dissatisfied were you with the amount of information given about...
 - the price of the treatment/referral?
 - the possible outcomes?
 - the cost of any diagnostics, medicines or aftercare?
 - Overall, to what extent did you feel you were given enough information about the treatment/referral?
 - Is there any other further information you would have liked to have had? What?
- **IF TIME:** *Thinking of other instances...*
 - Have you ever decided not to proceed with a treatment or referral that your vet has recommended for your animal?
 - Tell me about this this. Why did you choose not to proceed?

3. Treatments and Referrals Remedy (10 mins)

The CMA is proposing to strengthen the requirement for vets to provide appropriate information about the price of treatments and referrals.

*In particular, the CMA is proposing that vets are required to provide written **price** information about a customer's preferred treatment option if the total cost of the treatment exceeds a certain value (that would include things like aftercare, follow up consultations and treatments, and medicines).*

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Customers would be able to take the information away with them after their consultation to consider whether to go ahead with the treatment.

Note for the moderator: the following questions should cover the price information and the additional time given to decide on treatment.

- What do you think of this idea?
 - What, if any, do you think might be the benefit(s) of this?
 - What, if any, do you think might be the disadvantage(s) of this?
 - How useful would you find this, if at all? How much does this matter to you, if at all?
 - How likely or unlikely would you be to read this after the consultation? In how much detail?
- What do you think the minimum price of the treatment should be for a vet to be required to provide a written estimate? Why?
- What information do you think is most important to include in the written description from vets?

One possible consequence of this change is that consultation times might become longer and potentially more expensive.

- To what extent, if at all, would your opinion of this idea change if this were the case?
 - What would the value of the treatment option need to be for the longer consultation time to be justified?

Now imagine if your vet was referring you to another practice, or to another vet in the same practice, for a specialist opinion or treatment...

- In this scenario, would your opinion about requiring vets to provide written price information about the referral change?
- How helpful, if at all, would it be to be informed that there may be other places you could be referred to, which are able to treat your animal?
 - Why do you say this?
- How interested, if at all, would you be in your vet obtaining information about other options for referrals on your behalf - such as an indication of the price for treating your animal and their skills and experience?'

Similarly to before, one consequence of this change might be that it results in longer consultation times, and the consultation might become more expensive.

- To what extent, if at all, would your opinion of this idea change if this were the case?

4. Medicine purchase experiences (20 mins)

Moderator to focus on repeat prescription experiences for group 5 & 6. Moderator also to be aware that some in group 3 or 4 may have had no medicines prescribed to them. Moderator to check group and participant details in advance to understand which probes best apply to each group.

We are now going to talk about veterinary medicines. There are two different types of medicines your pet may receive:

One is repeat medicines - repeat medicines are a medicine that a pet will be on for a long period of time, and the pet will not need to see the vet each time it is dispensed. Some

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examples of repeat medicines are insulin, chronic arthritis medicines, and preventative flea, tick and wormers.

The other is one-off medicines.

GROUP 3 & 4: Today, I'd like you to focus on your **one-off** medicine experiences.

GROUP 5 & 6: Today, I'd like you to focus on your **repeat** medicine experiences.

- Tell me about any [**GROUP 3 & 4:** one -off prescription, **GROUP 5 & 6:** repeat prescription] medicines your pet has been prescribed by your vet practice in the past 2 years.
 - Why were they prescribed this?
 - **If not said:** Was it a one-off medicine, or a repeat medicine?

When it comes to buying veterinary medicines, customers have two options. They can either buy this directly from a veterinary practice prescribing the medication or use the prescription to buy the medicine elsewhere. This might be from online pharmacy sites such as Pet Drugs Online or VioVet, but could also be from another vet practice or a high street pharmacy (some of which dispense veterinary medicines).

GROUP 3 & 4: Still thinking about these experiences with **one-off** medicines...

Group 5 & 6: Still thinking about these experiences with **repeat** medicines...

- Were you aware that you can ask to be issued a prescription to buy the medicine elsewhere?
- Where did you buy the medicine from? **Probe:** Vet practice vs online, other
- Did you discuss where to buy it from with your vet?
 - Did your vet give you the option of asking for a prescription to buy your medicine elsewhere?
- Why did you buy this from there (online/other versus in practice)?
 - **PROBE:** price, convenience, quality of medicines, speed of delivery, availability of medicines online, finding the right medicine online
 - **Moderator note:** if any participants talk about not being able to find the medicines online this may be because their vet prescribed an own brand medicine which could not be matched with equivalent medicines available elsewhere. Own brand medicines will be required to show such information and so that this will no longer be a barrier to purchasing elsewhere. This information should be given to participants.
- What information, if any, would you have found useful when deciding where to buy the medicines? How would you like this information to be provided?

IF SOME HAVE PURCHASED ELSEWHERE: It sounds like some of you have bought your medicines elsewhere. I'd like to ask the few of you who did so some further brief questions about this...

- Did you expect to make a saving buying your medicine outside your vet practice? How did you calculate this? How easy was this calculation? How big a saving would you need to make for it to be worth buying medicines outside your vet practice?

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- **If online:** How easy or difficult was it to buy the medicines online? Did you encounter any problems? Why do you say this?
- **If online:** How did you choose which online pharmacy to get the medicine from? What information did you use to decide?
- **If online:** How confident, if at all, were you that you were ordering the correct medicine? And that the online pharmacy could be trusted to provide the right medicine?
- **If online:** Did you feel your vet could support you when purchasing from the online pharmacy? Did you feel that purchasing online would affect the level of care for your pet provided by your vet?
- How likely would you be to purchase medicines at an online pharmacy in the future? Why do you say this?
 - *Probe for motivations and barriers*
 - Does it differ for one-off vs repeat prescriptions?
 - What, if anything, could be improved to make things easier for the customer to purchase medicines online?
 - How do you feel about this option overall?
 - For yourself? For others?

5. Medicine Remedies (35 mins)

Moderator to rotate the order that different remedies are shown in across the groups (though stimulus B must always come before stimulus C).

We'd now like to focus on a number of requirements the CMA is thinking of introducing in relation to veterinary medicines, aiming to improve services for customers.

I'm now going to share my screen to show you some of these different requirements.

[SHOW STIMULUS A]

1. Standardised information about medicines (10-12 minutes)

This area of change would relate to standardising the information vets provide to customers about prescriptions. The main elements of this would mean vet practices would be required...

- ❖ *To make a standard set of information available; when first registering with a vets practice or taking out a pet care plan, and on practice websites.*
 - The information would cover;*
 - a) *Letting pet owners know that they can request a written prescription*
 - b) *stating that they can make potential savings by buying online*
 - c) *Explaining the process of requesting, receiving and submitting a written prescription to an online pharmacy*
 - d) *A description of the authorisation process for online pharmacies, and a list of authorised pharmacies*

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- ❖ *Add a simple message on all emails, texts, invoices and receipts reminding customers that they can request a written prescription to purchase medicines elsewhere and make potential savings*
- ❖ *To tell customers that they can request a written prescription to purchase the medicine elsewhere, when prescribing a medicine to them*

Thinking about these proposed changes...

- What are your initial thoughts on this?
 - How useful is this? How important is this to you? Why?
- What, if anything, would be the advantage(s) for customers?
- What, if anything, would be the disadvantage(s) for customers?
- What else, if anything, would you want to see be required from vets regarding customer information about medicines?
- To what extent would this information encourage you to buy the medicines outside your vet practice?
 - Which information in particular, if any?

[SHOW STIMULUS B]

2. Prescription types (10-12 minutes)

Another area would relate to the options and prices given to customers requiring a prescription for their pet. Vets would be required to...

- ❖ *Give customers the option to request either:
a written prescription (that they will receive before leaving the practice)
or an electronic prescription received before the end of the day of the visit.*
- ❖ *To set a maximum charge for issuing a prescription. Most prescriptions are currently charged at between £10 and £30, and this maximum is likely to be towards the lower end of this price range. Just to be clear, this is the charge for the prescription note only and does not cover the cost of the medicines.*

Thinking about these proposed changes...

- What are your initial thoughts on this?
 - How useful is this? How important is this to you? Why?
- What, if anything, would be the advantages of these changes for customers?
- What, if anything, would be the disadvantages of these changes for customers?
- Which prescription type would be most convenient for you?
 - To what extent is this affected by the time it takes to receive this?
 - How much does the time taken to generate the prescription matter to you?

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- What else, if anything, would you want to see changed regarding the types of prescriptions offered and their prices?

[SHOW STIMULUS C]

3. Default for repeat prescriptions (10-12 minutes)

Another potential change would allow customers to choose how they will automatically receive any **repeat** medicine.

[IF NEEDED:] As a reminder, this is a medicine that a pet will be on for a long period of time, and the pet will not need to see the vet each time it is dispensed e.g. Insulin, Thyroid medication and Flea, Tick and Wormers.

Vets would be required to...

- ❖ *Give pet owners the choice of whether their **repeat prescription** is automatically prescribed by their vet to be dispensed in their own vet practice, or for their vet to give them a written prescription to purchase the medicine elsewhere (such as an online pharmacy). If they do not choose, they will automatically be given (and charged for) a written prescription.*
- ❖ *Ask customers annually whether they are happy with the choice they have set for how they receive repeat prescriptions, or want to change it.*
- ❖ *Ensure that, when asking customers about their choice for repeat prescriptions, customers are informed that it is often significantly more expensive to buy repeat medicines in the vet practice, compared to online pharmacies.*

If the customer chooses an automatic written prescription, this would apply whenever a repeat medicine is prescribed except for;

- *If the customer specifically asks for it to be dispensed by the vet practice,*
- *If the vet has a good clinical reason for it to be dispensed by the vet practice for example, in an emergency situation*

Note for moderator: This question would be asked of new customers when they register with a practice. When the remedy is introduced, all existing customers would also be asked for their preference.

Thinking about these changes...

- What are your initial thoughts on this?
 - How useful is this? How important is this to you? Why?
- What, if anything, would be the advantage(s) of these changes for customers?
- What, if anything, would be the disadvantage(s) of these changes for customers?

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- What else, if anything, would you want to see be required from vets regarding setting a default prescription type for customers?

6. Close (5 mins)

This brings us almost to the end of our discussion today - thank you all for participating and your valuable contributions.

To wrap up, I'd like to ask all of you one final question:

- Based on what we've discussed today, what would you say is your top priority for change, if anything, that you would like to pass on?
- Before taking part in this research, had you been aware of the investigation into the Vet industry?
 - If they mention awareness through the survey, check if they knew before then

Thank, reconfirm data protection, confirm incentive and close.

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4.2.4 Final discussion guide: Module 2 – Treatments, Referrals, and Medicines

Objectives:

- Understand customers' reactions and views on information remedies relating to treatments and referrals and to medicines being considered as part of the CMA's Market Investigation into veterinary services for household pets
- Discuss ways in which the new information may or may not change the way in which research participants behave in the market
- Capture ideas and suggestions for ways in which the information could be made more useful

Moderator notes:

- Ahead of session, note if participants have had any referrals, treatments or medicines prescribed.
- Ahead of session, note if any end of life / cremation services used which need to be handled sensitively.
- Participants who have family members working in the vet industry will be screened out at recruitment – but if any significant involvement with the veterinary industry comes to light during fieldwork, please excuse that participant.

Discussion outline (90 mins)	
1. Introduction	10 mins
2. Treatments and referrals experiences	10 mins
3. Treatment and referrals remedy	15 mins
4. Medicine purchase experiences	15 mins
5. Medicines remedies	35 mins
6. Close	5 mins

Discussion guide

1. Introduction (10 mins)

Moderator introduction to Blue Marble:

- **START RECORDING**
- **Purpose of session:** Thank you for joining. Today we're going to discuss your experiences and views of accessing veterinary practices and services.
- **Introduction to Blue Marble:** We are an independent research agency who run research on behalf of different companies and organisations. We are running this research on behalf of the Competition and Markets Authority (CMA) - but we are not a part of its organisation.
- **Data protection:** This session will be audio and video recorded for analysis purposes. Researchers from Blue Marble Research will listen to this recording, but it won't be shared beyond the research team and won't be made public.

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- **[If applicable] Observers:** We have some observers from the CMA joining the session today. They are just here to listen to the conversation and take notes, and will keep their cameras and microphones off.
- **Encouragement:** There are no right or wrong answers so please feel comfortable to be honest with your responses. I ask that we all show respect to others in the group and I will encourage each of you to share your opinions broadly equally.

Participant introductions:

To start off, please introduce yourselves; tell us your name, where you live and what pets you have.

Moderator to make brief conversation e.g. pet name, how old pet is, how pets get along together

Moderator to inform participants to focus on the relevant pet type as per their recruitment group (e.g. cat, dog or any).

2. Treatments and Referrals (10 mins)

Moderator to take note beforehand of whether the group contains those who have experienced a referral and/or treatment in the past 2 years and tailor accordingly. For Group 1, moderator to encourage recall of referral experience and for Group 2 a non-routine treatment experience.

We are going to start by talking about your pet's or pets' recent treatments and referrals at your veterinary practice.

For Group 1, moderator to focus on referral element:

A referral is when your vet recommends that your pet is seen by another vet (often at another practice, but it could be a specialist vet in the same practice), to receive an expert opinion or a specialist treatment, for example.

- Tell me about the most recent **referral(s)** your pet has received within the last two years.
 - Were they referred within the practice or to another veterinary practice?
 - What was the referral for?
 - How was this experience?
 - Did your pet receive any treatment as a result – if so, what?

For Group 2, moderator to focus on non-routine treatment element:

I'd specifically like you to think about non-routine treatments with your pet(s). Non-routine treatments include consultations to diagnose or treat a condition when your pet is unwell or injured, or surgeries (not neutering) or diagnostic tests such as X-rays, biopsies and blood tests.

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- Tell me about the most recent **non-routine treatment(s)** your pet has received within the last two years.
 - What was the treatment for?
 - How was this experience?
 - Was your pet treated by your usual vet or by a different vet they were referred to?

For Group 3-6, moderator to focus on any treatment/referral experience:

- Tell me about the most recent **treatment(s)** your pet has received within the last two years.
 - What was the treatment for?
 - How was this experience?
 - Was your pet treated by your usual vet or after referral to another vet?

All Groups:

Moderator to tailor probes accordingly to whether a referral or a treatment.

Moderator to focus on information provided by their regular vet (FOP) ahead of treatments/referrals. However, it is also relevant to know whether this information given was in line with what actually happened.

- Thinking about the treatment/referrals you've just told me about, tell me how you decided whether to go ahead with this.
- What advice and information, if any, were you provided about it by your vet?
 - Did your vet discuss any other treatment/referral options with you? How was this process?
 - **IF A REFERRAL:** Were you told of any other providers/vets for the referral which might offer the same treatment? If so, how did you decide between them?
 - How satisfied or dissatisfied were you with the amount of information given about...
 - the price of the treatment/referral?
 - the possible outcomes?
 - the cost of any diagnostics, medicines or aftercare?
 - To what extent was the information you were first given by your vet (e.g. about price) accurate?
 - Overall, to what extent did you feel you were given enough information about the treatment/referral?
 - Is there any other further information you would have liked to have had? What?

IF TIME: *Thinking of other instances...*

- Have you ever decided not to proceed with a treatment or referral that your vet has recommended for your animal?
 - Tell me about this this. Why did you choose not to proceed?

4. Treatments and Referrals Remedy (15 mins)

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The CMA is proposing to strengthen the requirement for vets to provide appropriate information about the price of treatments and referrals.

*In particular, the CMA is proposing that all vets are required to provide written **price** information about a customer's preferred treatment option if the total cost of the treatment exceeds a certain value (that would include things like aftercare, follow up consultations and treatments, and medicines).*

Customers would be able to take the information away with them after their consultation to consider whether to go ahead with the treatment.

***Note for the moderator:** the following questions should cover the price information and the additional time given to decide on treatment.*

- What do you think of this idea?
 - What, if any, do you think might be the benefit(s) of this?
 - What, if any, do you think might be the disadvantage(s) of this?
 - How useful would you find this, if at all? How much does this matter to you, if at all?
 - How likely or unlikely would you be to read this after the consultation? In how much detail?
- What do you think the minimum price of the treatment should be for a vet to be required to provide a written estimate? Why?
- What information do you think is most important to include in the written description from vets?

One possible consequence of this change is that consultation times might become longer and potentially more expensive.

- To what extent, if at all, would your opinion of this requirement change if this were the case?
 - What would the value of the treatment option need to be for the longer consultation time to be justified?

Now imagine if your vet was referring you to another practice, or to another vet in the same practice, for a specialist opinion or treatment...

- Would you be any more or less likely to want written price information about the referral, compared to in house treatments? Why?
- How helpful, if at all, would it be to be informed that there may be other places you could be referred to, which are able to treat your animal?
 - Why do you say this?
- How interested, if at all, would you be in your vet obtaining information about other options for referrals on your behalf - such as an indication of the price for treating your animal and their skills and experience?

Similarly to before, one consequence of this change might be that it results in longer consultation times, and the consultation might become more expensive.

- To what extent, if at all, would your opinion of whether the CMA should require vets to obtain information about other referral options on your behalf change if this were the case?

4. Medicine purchase experiences (15 mins)

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Moderator to focus on repeat prescription experiences for group 5 & 6. Moderator also to be aware that some in group 3 or 4 may have had no medicines prescribed to them. Moderator to check group and participant details in advance to understand which probes best apply to each group.

We are now going to talk about veterinary medicines. There are two different types of medicines your pet may receive:

One is repeat medicines - repeat medicines are a medicine that a pet will be on for a long period of time, and the pet will not need to see the vet each time it is dispensed. Some examples of repeat medicines are insulin, chronic arthritis medicines, and preventative flea, tick and wormers.

The other is one-off medicines.

GROUP 3 & 4: *Today, I'd like you to focus on your **one-off** medicine experiences.*

GROUP 5 & 6: *Today, I'd like you to focus on your **repeat** medicine experiences.*

*I'd like you all to take 30 seconds to remember a recent experience where you were prescribed [**GROUP 3 & 4:** one -off prescription, **GROUP 5 & 6:** repeat prescription] medicines by your vet practice. We don't have time to share these as a group, but I'd like you to instead take a moment to think about these experiences to yourself. What type of medicine was it? Why was your pet being prescribed this? Where did you get the medication from? How was this experience of buying the medication? Please hold onto these experiences for when we come to some questions later on. *Moderator to pause briefly for reflection.**

With this in mind, I'd now like to talk to you about different ways of buying medicines for your pets. When it comes to buying veterinary medicines, customers have two options. They can either buy this directly from a veterinary practice prescribing the medication or use the prescription to buy the medicine elsewhere. This might be from online pharmacy sites such as Pet Drugs Online or VioVet, but could also be from another vet practice or a high street pharmacy (some of which dispense veterinary medicines).

GROUP 3 & 4: *Still thinking about these experiences with **one-off** medicines...*

Group 5 & 6: *Still thinking about these experiences with **repeat** medicines...*

- Were you aware that you can ask to be issued a prescription to buy the medicine elsewhere?
- Where did you buy the medicine from? **Probe: Vet practice vs online, other**
- Did you discuss where to buy it from with your vet?
 - Did your vet give you the option of asking for a prescription to buy your medicine elsewhere?
- Why did you buy this from there (online/other versus in practice)?
 - **PROBE:** price, convenience, quality of medicines, speed of delivery, availability of medicines online, finding the right medicine online
 - To what extent were there any trade-offs in deciding where to buy the medication from? If so, what?

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- Moderator note: If any participants talk about not being able to find the medicines online this may be because their vet prescribed an own brand medicine which could not be matched with equivalent medicines available elsewhere. Own brand medicines will be required to show such information and so that this will no longer be a barrier to purchasing elsewhere. This information should be given to participants.
- What information, if any, would you have found useful when deciding where to buy the medicines? How would you like this information to be provided?

IF SOME HAVE PURCHASED ELSEWHERE: *It sounds like some of you have bought your medicines elsewhere. I'd like to ask the few of you who did so some further brief questions about this...*

- **IF NOT COVERED:** Did you expect to make a saving buying your medicine outside your vet practice? How did you calculate this? How easy was this calculation? How big a saving would you need to make for it to be worth buying medicines outside your vet practice?
- **IF ONLINE:** How easy or difficult was it to buy the medicines online? Did you encounter any problems? Why do you say this?
- **IF ONLINE:** Did you feel your vet could support you when purchasing from the online pharmacy? Did you feel that purchasing online would affect the level of care for your pet provided by your vet?
- **(LOWER PRIORITY) If online:** How confident, if at all, were you that you were ordering the correct medicine? And that the online pharmacy could be trusted to provide the right medicine?

- How likely would you be to purchase medicines at an online pharmacy in the future? Why do you say this?
 - *Probe for motivations and barriers*
 - Does it differ for one-off vs repeat prescriptions?
 - What, if anything, could be improved to make things easier for the customer to purchase medicines online?
 - How do you feel about this option overall?
 - For yourself? For others?

5. Medicine Remedies (35 mins)

Moderator to rotate the order that different remedies are shown in across the groups (though stimulus B must always come before stimulus C).

We'd now like to focus on a number of requirements the CMA is thinking of introducing in relation to veterinary medicines, aiming to improve services for customers.

I'm now going to share my screen to show you some of these different requirements.

[SHOW STIMULUS A]

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4. Standardised information about medicines (10-12 minutes)

This area of change would relate to standardising the information vets provide to customers about prescriptions. The main elements of this would mean vet practices would be required...

- ❖ *To make a standard set of information available; when first registering with a vets practice or taking out a pet care plan, and on practice websites.
The information would cover;*
 - e) *Letting pet owners know that they can request a written prescription*
 - f) *stating that they can make potential savings by buying online*
 - g) *Explaining the process of requesting, receiving and submitting a written prescription to an online pharmacy*
 - h) *A description of the authorisation process for online pharmacies, and a list of authorised pharmacies*

- ❖ *Add a simple message on all emails, texts, invoices and receipts reminding customers that they can request a written prescription to purchase medicines elsewhere and make potential savings*

- ❖ *The vet will tell customers in the consultation that they can request a written prescription to purchase the medicine elsewhere, when prescribing a medicine to them*

Thinking about these proposed changes...

- What are your initial thoughts on this?
 - How useful is this? How important is this to you? Why?
- What, if anything, would be the advantage(s) for customers?
- What, if anything, would be the disadvantage(s) for customers?
- What else, if anything, would you want to see be required from vets regarding customer information about medicines?
- To what extent would this information encourage you to buy the medicines outside your vet practice?
 - Which information in particular, if any?

[SHOW STIMULUS B]

5. Prescription types (10-12 minutes)

Another area would relate to the options and prices given to customers requiring a prescription for their pet. Vets would be required to...

- ❖ *If a customer wants a prescription, give them the option to request either:
a written prescription (that they will receive before leaving the practice)
or an electronic prescription received before the end of the day of the visit.*

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- ❖ *To set a maximum charge for issuing a prescription. Most prescriptions are currently charged at between £10 and £30, and this maximum is likely to be towards the lower end of this price range. Just to be clear, this is the charge for the prescription note only and does not cover the cost of the medicines.*

Thinking about these proposed changes...

- What are your initial thoughts on this?
 - How useful is this? How important is this to you? Why?
- What, if anything, would be the advantages of these changes for customers?
- What, if anything, would be the disadvantages of these changes for customers?
- Which prescription type would be most convenient for you?
 - To what extent is this affected by the time it takes to receive this?
 - How much does the time taken to generate the prescription matter to you?
- What else, if anything, would you want to see changed regarding the types of prescriptions offered and their prices?

[SHOW STIMULUS C]⁶

6. Default for repeat prescriptions (10-12 minutes)

*Another potential change would allow customers to choose how they will automatically receive any **repeat** medicine.*

***[IF NEEDED:]** As a reminder, this is a medicine that a pet will be on for a long period of time, and the pet will not need to see the vet each time it is dispensed e.g. Insulin, Thyroid medication and Flea, Tick and Wormers.*

Vets would be required to...

- ❖ *For any repeat medication, give pet owners the choice of whether they will automatically receive (and be charged for) a written prescription or whether they would prefer the default to be that it's dispensed in their vet practice.*
 - *This means that where the pet owner has chosen to receive written prescriptions for repeat medication, they would not need to ask the vet for a written prescription – it would be given automatically.*
 - *If the pet owner chooses their vet practice as their default, they will still be offered a written prescription by the vet, but will need to request one each time to receive it.*

If the customer chooses an automatic written prescription, this would apply whenever a repeat medicine is prescribed except for;

⁶ The wording and format of Stimulus C was amended after feedback on the pilot group.

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- *If the customer specifically asks for it to be dispensed by the vet practice,*
- *If the vet has a good clinical reason for it to be dispensed by the vet practice for example, in an emergency situation*

- ❖ *Ask customers annually whether they are happy with the choice they have set for how they receive repeat prescriptions, or want to change it.*

- ❖ *Ensure that, when asking customers about their choice for repeat prescriptions, customers are informed that it is often significantly more expensive to buy repeat medicines in the vet practice, compared to online pharmacies.*

Note for moderator: This question would be asked of new customers when they register with a practice. When the remedy is introduced, all existing customers would also be asked for their preference. If customers do not set a preference, then the default will be set to issuing a written prescription for repeat medicines.

Thinking about these changes...

- What are your initial thoughts on this?
 - How likely would you be to set up a default for repeat prescriptions?
 - How useful is this? How important is this to you? Why?
- What, if anything, would be the advantage(s) of these changes for customers?
- What, if anything, would be the disadvantage(s) of these changes for customers?
- What else, if anything, would you want to see be required from vets regarding setting a default prescription type for customers for repeat medicines?

7. Close (5 mins)

This brings us almost to the end of our discussion today - thank you all for participating and your valuable contributions.

To wrap up, I'd like to ask all of you two final questions:

- Based on what we've discussed today, what would you say is your top priority for change, if anything, that you would like to pass on?
- Before taking part in this research, had you been aware of the investigation into the Vet industry?
 - **Note:** *If they mention awareness through the survey, check if they knew before then.*

Thank, reconfirm data protection, confirm incentive and close.

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4.2.5 Stimulus materials: Module 1

Remedy 1: Making ownership clear to consumers



Remedy 2: Satisfaction survey (pilot version)

	<i>Large veterinary groups</i>					
	<i>CVS</i>	<i>IVC</i>	<i>Linnaeus</i>	<i>Medivet</i>	<i>Pets at Home</i>	<i>Vet Partners</i>
<i>Net Satisfaction</i>						
Information and advice	%	%	%	%	%	%
Care given to pet	%	%	%	%	%	%
Quality of service	%	%	%	%	%	%
Outcome of visit	%	%	%	%	%	%
Cost of service	%	%	%	%	%	%

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Remedy 2: Satisfaction survey (final version) ⁷

	Large veterinary groups					
Net Satisfaction	Large Group 1	Large Group 2	Large Group 3	Large Group 4	Large Group 5	Large Group 6
Information and advice	64%	69%	71%	61%	71%	68%
Care given to pet	81%	79%	83%	72%	81%	83%
Quality of service	75%	76%	79%	67%	76%	79%
Outcome of visit	73%	73%	71%	68%	74%	71%
Cost of service	24%	40%	13%	29%	17%	28%

*There is considerable variation among practices that are either independent, or part of small groups and results should therefore be used carefully. The results for them are:
 Information and advice 78%, Care given to pet 84%, Quality of service 83%, Outcome of visit 79%, Cost of service 47%

Nb, the order of the groups in the above table has been randomised and does not mirror the order used in any other text or images in this report

Remedy 3: Mandatory pricing information

Dog		Cat	Rabbit	Other
Puppy		Adult		
< 10 KG	10 – 20 KG	> 20 KG		
Core services				
First consultation	£60			∨
Repeat consultation	£45			∨
Out of hours consultation	£95			∨
Nurse consultation	£35			∨
Nail clipping	£20			∨
Anal gland expression	£60			∨
Microchipping	£90			∨
Animal health certificate	£60			∨
Vaccination primary course	£45			∨
Vaccination booster	£25			∨
Vaccination for kennel cough	£45			∨
Pet care plan	£22			∨
Surgeries and treatments				
Anaesthesia and sedation	from £120			∨
Castration	£80			∨
Spay (traditional)	£76			∨
Spay (laparoscopic)	£126			∨
Routine dentistry	£70			∨
Routine dentistry includes an initial oral examination, followed by a scale and polish to remove plaque and tartar, and is performed under anaesthetic for safety and comfort.				
<small>The specific animal's situation or problem can affect the price The prices on our website apply normally and when there is an uncomplicated disease picture. Visits with animals that have complex injuries or conditions that make an intervention difficult or involve an increased risk, can unfortunately be more expensive than the price stated.</small>				

⁷ Stimulus was adapted following the pilot focus group, with specific percentages for the six LVGs and small groups/independents added.

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Dog Cat Rabbit Other
Puppy Adult
< 10 KG 10 – 20 KG > 20 KG

Our Pricing

Consultations
Prescriptions
Medications
Surgery & Treatment
Diagnostics & Tests
End of Life Care
Specialist Treatments

Our veterinary consultations are designed to keep your pets healthy and happy. From routine check-ups to tailored prevention treatments such as vaccinations, parasite control, we focus on early care to protect your pet's everyday and long-term wellbeing.

Consultation and prevention
First consultation £60
Repeat consultation £45
Out of hours consultation £95
Nurse consultation £35
Nail clipping £20
Anal gland expression £60
Microchipping £90
Animal health certificate £60
Vaccination primary course (including consultation) £45
Vaccination booster (including consultation) £25



The specific animal's situation or problem can affect the price
 The prices on our website apply normally and when there is an uncomplicated disease picture. Visits with animals that have complex injuries or conditions that make an intervention difficult or involve an increased risk, can unfortunately be more expensive than the price stated.

The specific animal's situation or problem can affect the price

The prices on our website apply normally and when there is an uncomplicated disease picture. Visits with animals that have complex injuries or conditions that make an intervention difficult or involve an increased risk, can unfortunately be more expensive than the price stated

Remedy 4: Comparison website

Find a Vet.com

I am looking for ...

Show me all options

General practice (a vet GP) | A referral (a specialist) | Emergency out of hours practice | Death services (crematoria, burial, ...) | Pharmacies

For all treatment

Town or Postcode All Animals Any distance from me **Search**

You can discover

- If **specialist** are available at the practice
8/8 Core services | 6 Specialists
- The cost of treatments
- Practice details and opening hours

Practices around your current location

Practices around your current location

Dog | Cat | Rabbit | Other

Puppy | Adult

I need a **General practice**

I'm looking for a specific treatment ...

Nail clipping Anal gland expression Microchipping Animal health certificate
 Vaccination primary course Vaccination booster Vaccination for kennel cough Pet care plan
 Anaesthesia and sedation Castration Spay (traditional) Spay (laparoscopic) Routine dentistry

Rank by

Close to you (0.29 miles)

Pinco's Services

Parking Video-consultation
 Out of hours service

Anal gland expression; Microchipping; Animal health certificate; Vaccination primary course; Vaccination booster; Vaccination for kennel cough; Petcare plan; Anaesthesia and sedation; Castration; Spay (traditional); Spay (laparoscopic); Routine dentistry

Close to you (0.33 miles)

Vets for life

Vets for life (0.29 miles)
(Owned by Vets House group)

Parking Video-consultation
 Out of hours service

Accreditations

RCVS Small Animal General Practice

Pricing

Core services
First consultation and duration - £66
Repeat consultation £45
Out of hours consultation £95
Nurse consultation £35
Nail clipping £20
Anal gland expression £60
Microchipping £90
Animal health certificate £60

Pinco's Services (0.29 miles)

Parking Video-consultation
 Out of hours service

Accreditations

RCVS Small Animal General Practice


Pricing


Core services
First consultation and duration - £60
Repeat consultation £45
Out of hours consultation £95
Nurse consultation £35
Nail clipping £20
Anal gland expression £60
Microchipping £90
Animal health certificate £65


The specific animal's situation or problem can affect the price. The prices on our website apply normally and where there is an uncomplicated disease picture. Vets with animals that have complex injuries or conditions that make an examination difficult or involve an increased risk, can unfortunately be more expensive than the price shown.

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Remedy 5: Pet health plan calculator


 Dog ✓


 Cat


 Rabbit

Senior

Adult ✓

Puppy

Your PetPlan Value calculator

	Expected yearly use	Expected value
Consultation	6	£ 900
Vaccinations	3	£ 300
Nail trim	6	£ 900
Parasiticides	Select	£ 0
Y	Y	£ 0
Z	Z	£ 0

Total Value and Savings

Total expected yearly cost	Total yearly PetPlan cost
£ 3 300	£ 3 600
Total difference	
This PetPlan costs you £ 300 pounds more	

Cheaper alternatives

The following pet plan providers, located within 5 miles of the currently selected practice, offer the same coverage at a lower price

Alternatives within 5 miles	Cost	Savings
<i>PetsForLife</i>	£ 2 900	+ £ 400
<i>PetStar-UK</i>	£ 3 445	- £ 145
<i>PincoPallinoVets</i>	£ 3 500	- £ 200

[Full list of cheaper alternatives \(2 more\)](#)

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4.2.6 Stimulus materials: Module 2

Remedy 7: Standardised information about prescriptions

Vet practices would be required to...

1. Make a **standard set of information available** when first registering with a vets practice or taking out a pet care plan, and on practice websites. The information would cover...
 - a) Letting pet owners know that they can request a written prescription
 - b) Stating that they can make potential savings by buying online
 - c) Explaining the process of requesting, receiving and submitting a written prescription to an online pharmacy
 - d) A description of the authorisation process for online pharmacies, and a list of authorised pharmacies
2. Add a simple message on all emails, texts, invoices and receipts **reminding customers that they can request a written prescription to purchase medicines elsewhere** and make potential savings.
3. **Tell customers in the consultation that they can request a written prescription** to purchase the medicine elsewhere, when prescribing medicine.

Remedy 8: Prescription types

Vet practices would be required to...

1. Give customers the option to request either:
 - a) **a written prescription** (that they will receive before leaving the practice)
 - b) **or an electronic prescription** (received before the end of the day of the visit)
2. **To set a maximum charge for issuing a prescription.** Most prescriptions are currently charged at between £10 and £30, and this maximum is likely to be towards the lower end of this price range. This is the charge for the prescription note only and does not cover the cost of the medicines.

Remedy 9: Default for repeat prescriptions (pilot version)

Vet practices would be required to...

- Give pet owners the **choice of whether their repeat prescription** is automatically prescribed by their vet to **be dispensed in their own vet practice**, or for their vet to give them a written **prescription to purchase the medicine elsewhere** (such

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as an online pharmacy). If they do not choose, they will automatically be given (and charged for) a written prescription.

- **Ask customers annually** whether they are happy with the choice they have set for how they receive repeat prescriptions, or want to change it.
- Ensure that, when asking customers about their choice for repeat prescriptions, **customers are informed that it is often significantly more expensive to buy repeat medicines in the vet practice**, compared to online pharmacies.

If the customer chooses an automatic written prescription, this would apply whenever a repeat medicine is prescribed except for;

- a) If the customer specifically asks for it to be dispensed by the vet practice,
- b) If the vet has a good clinical reason for it to be dispensed by the vet practice for example, in an emergency situation.

Remedy 9: Default for repeat prescriptions (final version)⁸

Vet practices would be required to...

1. **For any repeat medication, give pet owners the choice of whether they will automatically receive (and be charged for) a written prescription or whether they would prefer the default to be that it's dispensed in their vet practice.**

This means that where the pet owner has chosen to receive written prescriptions for repeat medication, they would not need to ask the vet for a written prescription – it would be given automatically.

If the customer chooses an automatic written prescription, this will apply whenever a repeat medicine is prescribed, except for:

- ❖ If the customer specifically asks for it to be dispensed by the vet practice
- ❖ If the vet has a good clinical reason for it to be dispensed by the vet practice for example, in an emergency situation

2. **Ask customers annually** whether they are happy with the choice they have set for how they receive repeat prescriptions, or want to change it.
3. Ensure that, when asking customers about their choice for repeat prescriptions, **customers are informed that it is often significantly more expensive to buy repeat medicines in the vet practice**, compared to online pharmacies.

⁸ Stimulus material was adapted following the pilot group and again after the second group. The changes clarified that written prescriptions where the pet owner has chosen to receive written prescriptions for repeat medication, pet owners would not need to ask the vet for a written prescription – it would be given automatically.

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