
From: [REDACTED]

Sent: 06 January 2026 14:36

To: VetsMI <VetsMI@cma.gov.uk>

Cc: [REDACTED]

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Subject: RE: Vets MIR - Blue Marble Research - Linnaeus comments

Dear [REDACTED] and team

We have reviewed the consumer research report prepared by Blue Marble in relation to the CMA's consumer-facing proposed PDR remedies.

Linnaeus does not intend to make a detailed submission in response to this research. We note that the report echoes many of the views expressed by Linnaeus in its PDR response and December hearing (as well as other concerns raised by industry associations) – namely, broad support for certain of the CMA's transparency remedies with regards to ownership and pricing of standard treatments, but concerns regarding the impact of and necessity for several of the other proposed remedies. In particular, we considered the following feedback especially relevant in light of the issues Linnaeus focused on in its hearing:

- **PDR Remedy 3 (Price comparison website)** – participants expressed concerns relating to comparison websites' ability to reflect service quality and considered quality metrics (reviews / performance ratings) to be the most important information when making a decision. As a result, participants noted that comparison websites are not well suited to veterinary services (p.44).
- **PDR Remedy 4 (Consumer satisfaction surveys)** – there was limited support for this proposal and only a minority of participants considered they would use such surveys, citing a lack of detail and a preference for practice-level reviews that reflect individual experiences more accurately (with group-level scores considered too broad to be meaningful) (p.32-33).
- **PDR Remedy 10 (Defaults for repeat prescriptions)** – there was very little support for this proposal, with only a few participants considering this to be

potentially useful. Most participants 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, and most wanted to have the control to choose their prescription type based on the situation (and therefore it was unclear how "defaults" would provide any benefit) (p.65-66). Further, most participants considered that asking vet practices to indicate when medicines are 'significantly more expensive' in-practice than online, was beyond their remit (p.66).

Linnaeus notes that participants were generally supportive of a cap on prescription prices, set at a reasonable level (p.62-63). This is entirely unsurprising, as it is to be expected that consumers would prefer to pay less wherever possible.

[REDACTED]

In this context, consumers' understandable and legitimate desire to avoid cost increases does not add anything to the CMA's assessment of the appropriateness of this proposed remedy.

Kind regards,

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