

Coronavirus: economic impact on veterinary practice

Results from RCVS survey #5
25 November-1 December 2020



Fifth survey on the impact of Covid-19 on veterinary clinical practices

Background

1. The RCVS is running a series of surveys to assess the immediate impact of Covid-19 on veterinary clinical practices. These surveys have been developed to gather key information about how the Covid-19 pandemic has affected veterinary practices in the UK, specifically from a business and economic perspective, with a view to informing further policy decisions and, where appropriate, communications with government. The first such survey was held on 3-7 April 2020, the second on 1-5 May 2020, the third on 12-16 June 2020 and the fourth on 1-7 September 2020, and the results from those surveys can be accessed at www.rcvs.org.uk/coronavirus-surveys. This report relates to the fifth survey, which was carried out between Wednesday 25 November and Tuesday 1 December 2020.
2. The following are the notable changes since previous surveys:
 - a. Compared to the September survey, a higher percentage of respondents were from small-animal-only practices, with a practice ownership structure that was part of a corporate group or joint venture with a corporate group (43%).
 - b. The last survey indicated that, for many veterinary practices, things were getting back to normal. The imposition of new rules had resulted in a drop in the percentage of respondents reporting 'business as usual' (17% compared to 28% in September, although a higher 63% report a 'near normal' service compared to 58% last time).
 - c. The percentage of respondents saying their practice's turnover had stayed the same or increased compared to pre-Covid-19 levels (55%) was very similar to the previous survey, as was the percentage saying their practice's cash flow position had stayed the same or improved compared to pre-Covid-19; the percentage saying their practice had not closed main or branch premises, or was not intending to do so, was identical to the previous survey (93%).
 - d. Although just 6% of practices reported they had veterinary surgeons currently furloughed, compared to 10% in September and a much bigger 47% in June, there had been a notable increase since September in the percentage of respondents reporting adverse impacts from furloughing. In particular, 75% report increased stress or impact on the mental health of teams continuing to work, notably higher than in September (56%) and almost as high as in June (79%). In total, eight of the ten adverse impacts have increased since September, and the percentage of respondents reporting no or minimal issues, at 14%, was notably lower than in September (26%) and only slightly higher than in June (12%).
 - e. More encouragingly, there had been a further improvement in the percentage reporting staff having to take pay cuts (3%) or work reduced hours (21%).

- f. There had been an increase in the percentage of practice with at least some staff working remotely, in that 37% of respondents said yes to this question, compared to a notably lower 26% in September; the main reason was because of current restrictions. There had been a small increase in respondents reporting that their practice was using remote consulting, from 50% to 58%, although this was still notably lower than in June, when it stood at 80%.
- g. Although some practices were still experiencing difficulties in obtaining certain sorts of supplies, those reporting no issue had increased notably to 34%, compared to 13% in September.
- h. Of the 20% of respondents who said they were experiencing difficulty in obtaining an independent witness to attest to controlled drugs destruction during the pandemic, more than half (56%) had controlled drugs overdue for destruction for six months or more.

Sample and response rate

- 3. The survey called for the experience of individual practices and was designed to be completed by one person in each practice who was best placed to provide the necessary information. Consequently, the survey was sent to those practices where the RCVS held a unique email address, totalling 3,108. The survey was also publicised on social media and through veterinary associations and media.
- 4. The survey gathered 184 responses (a 6% response rate), with an 82% completion rate and an average completion time of ten minutes. Table 1 indicates that response numbers dropped notably after the first survey and that the completion rate has been falling after the third survey, although the response rate and average completion time have remained reasonably steady from survey 2 onwards.

Survey response: surveys 1 to 5				
Survey number	Number of responses	Response rate %	Average completion time (minutes)	Completion rate %
1	532	17	8	90
2	251	8	9	93
3	196	6	10	93
4	241	8	8	85
5	184	6	10	82

Demographics and practice information

5. This survey, like its predecessors, was anonymous in that no data was gathered about the individuals completing the survey and no identifying data was gathered about practices. A number of questions was asked about the type, size and ownership structure of practices, to provide the potential for additional analysis and to demonstrate the sample composition was similar to the first three surveys. As in previous survey reports, percentages have been rounded to the nearest whole number in this report.

Practice Type	Percentage
Small-animal-only practice (including practices that treat exotics)	79%
Mixed practice	12%
Equine-only practice	2%
Farm-animal-only practice	3%
Referral practice	3%
Other	2%
	N=184

Number of FTE	Veterinary surgeons %	Veterinary nurses %
3 or fewer	42	35
4-10	46	45
11-25	9	11
26-50	3	2
More than 50	0	1
N/A	N/A	6
	N=175	N=175

Practice Description	Percentage
An independent, stand-alone practice (e.g. a partnership)	47%
Part of a corporate group	31%
Part of a joint venture with a corporate group	12%
An independent, stand-alone practice that is part of a larger group (with some shared centralised support functions)	6%
A charity*	3%
	N=175

*No respondent opted for veterinary school, out-of-hours or other types of practice.

6. A comparison with the fourth survey indicates a small number of differences: firstly, 79% of respondents were from small-animal-only practices (table 2), compared to a lower 73% last time; and secondly, possibly related to the first finding, 47% gave their ownership structure as independent and stand-alone, compared to a higher 55% in the fourth survey, and 31% said their practice was part of a corporate group, compared with a lower 21% last time (table 4).
7. The type of area served by the practice was urban for 41% of respondents, a mixture of urban and rural for 40% and rural for 19%.

8. The UK country in which the primary practice was based was England for 84% of respondents, Scotland for 12%, Wales for 3% and Northern Ireland for 2%.
9. As in previous surveys, respondents also provided the first part of their postcode (e.g. LE12), to enable future analysis to identify areas where Covid-19 might have had the greatest economic impact.
10. Among respondents with practices in England, 45% said their main practice premises were in tier 1 before the current lockdown, with 33% being in tier 2, 22% in tier 3, and 1% in tier 4 (N=150). For those with practices based in Scotland, 9% were currently in level 1, 27% in level 2, 23% in level 3 and 41% in level 4 (N=22).

24/7 emergency cover

11. Veterinary surgeons are required by the RCVS to take steps to deliver 24/7 emergency care, creating issues for veterinary practices that most other professions do not share. Respondents were therefore asked how their practices provided out-of-hours emergency care. Table 5 shows that respondents were approximately divided between those using a dedicated out-of-hours provider, and those covering their own out-of-hours work, either on their own, with locum help, or by co-operating with other practices locally. This pattern was similar to the previous three surveys.

Table 5: Which of the following best describes your practice's approach to providing 24/7 emergency cover, pre-Covid-19?	
Practice uses a dedicated out-of-hours service provider	62%
Practice covers its own out-of-hours work, using its own veterinary surgeons	29%
Practice co-operates with other local practices to share out-of-hours work	4%
Practice covers its own out-of-hours work, with locum help	2%
Practice is primarily or wholly an out-of-hours provider*	-
We handle 24/7 emergency cover another way**	3%
	N=175

*There were no responses from out-of-hours providers.

** The most frequently-described 'other' way of handling emergency cover described by respondents was that the practice covered its own out-of-hours until a certain point in the evening during weekdays, with a dedicated provider covering the rest of the 24-hour period during the week and most or all of the weekend.

12. Perhaps related to the higher proportion of small-animal-only practices in this survey, the percentage of practices using a dedicated out-of-hours provider was notably higher than in the previous survey (62% compared to 54%).

Staff who are self-isolating or in quarantine

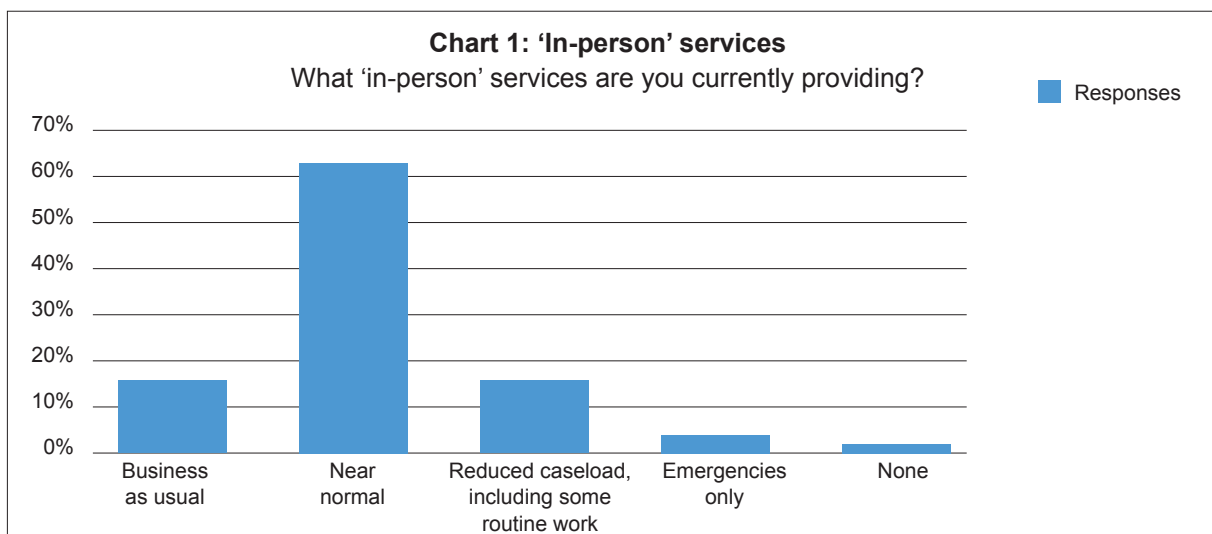
13. The number of practices with staff who were self-isolating is low overall (see table 6), although it has increased somewhat since the previous survey for all types of staff apart from student veterinary nurses. It is encouraging, however, that for the large majority (93%) of practices, there were no veterinary surgeons currently self-isolating.

Table 6: What percentage of your staff are currently self-isolating?							
	None	<10%	11-25%	26-50%	> 50%	N/A	Total number
Vets	93%	5%	2%	-	-	-	174
VNs	81%	6%	3%	1%	-	9%	172
Student VNs	79%	1%	-	-	-	20%	164
Veterinary Care Assistants	79%	2%	1%	1%	1%	16%	164
Other support staff	79%	10%	4%	2%	2%	2%	170
							N=174

14. When asked if any of their staff had received confirmation, via a test, that they had contracted Covid-19, 15% of respondents said yes (N=169).
15. In response to a question asking whether any staff in the practice had been contacted as part of the Test and Trace service, 34% said yes; this was notably higher than the previous survey, when only 10% said yes.
- Of those who said yes (N=59), 22% said this was because of a contact via work, while 66% said it was not, and 12% did not know.
 - A high 72% of those saying yes said the individual staff member contacted had ended up in quarantine or self-isolation following this contact, while 14% said the individual and others who had been working with them ended up in quarantine or self-isolating; however, 14% were exempted because the correct PPE was worn.

Impact on services provided and turnover

16. For 'in-person' services, there had been a decrease, since the previous survey, with regard to the percentages of respondents whose practices were now providing 'business as usual' (17% compared to 27% last time), although a slightly higher percentage reported providing a 'near normal' caseload (63% compared to 58% last time). This still compared very favourably with the June survey, however, when over half (58%) of respondents reported a 'reduced caseload'. Chart 1 shows that, in this survey, 15% reported a reduced caseload, 4% emergencies only, and only 1% 'none'.



17. There had also been a slight change in results since the previous survey when respondents were asked to compare their practice's turnover with the pre-Covid-19 situation (comparing the same quarter in 2019), as table 7 shows. Although a higher percentage than last time said their turnover had increased, a lower percentage selected 'stayed the same', meaning that overall, the percentage either increasing or staying the same was very similar to the last survey. The figures remain very favourable compared to the June survey, when the large majority of respondents said their practice's turnover had reduced.

Table 7: How has your practice turnover changed compared to how it was pre-Covid-19?			
	June survey %	Sept survey %	This survey %
Increased	5	30	37
Stayed the same	7	26	18
Reduced by less than 25%	34	31	35
Reduced by 25-50%	45	9	8
Reduced by 51-75%	7	2	2
Reduced by more than 75%	4	2	0
	N=193	N=226	N=165

18. A similar position can be seen with regard to the practice's cash flow position: a slightly higher percentage said their case flow had increased compared to pre-Covid-19, while a somewhat lower percentage said it had stayed the same (see table 8).

Table 8: How has your practice cash-flow position changed compared to how it was pre-Covid-19?		
	Sept survey %	This survey %
Increased	27	30
Stayed the same	53	47
Has worsened and is causing concern	19	22
Has worsened and is critical	1	1
	N=226	N=165

19. A consistent finding with the previous survey is that 93% of respondents said their practices had not had to close either main or branch premises, and/or did not have immediate plans to do so; also encouraging was that no respondents said their practice had closed, or planned to close, its main premises. However, 7% had closed, or planned to close, branch premises

- a. The relatively small number of respondents (11) who had said that premises were closed were asked if there were plans to re-open these in the next three months.
 - i. Four respondents said that main premises would re-open.
 - ii. Three respondents said that all branch premises would re-open, one that some would, two that none would, and four that they did not know.

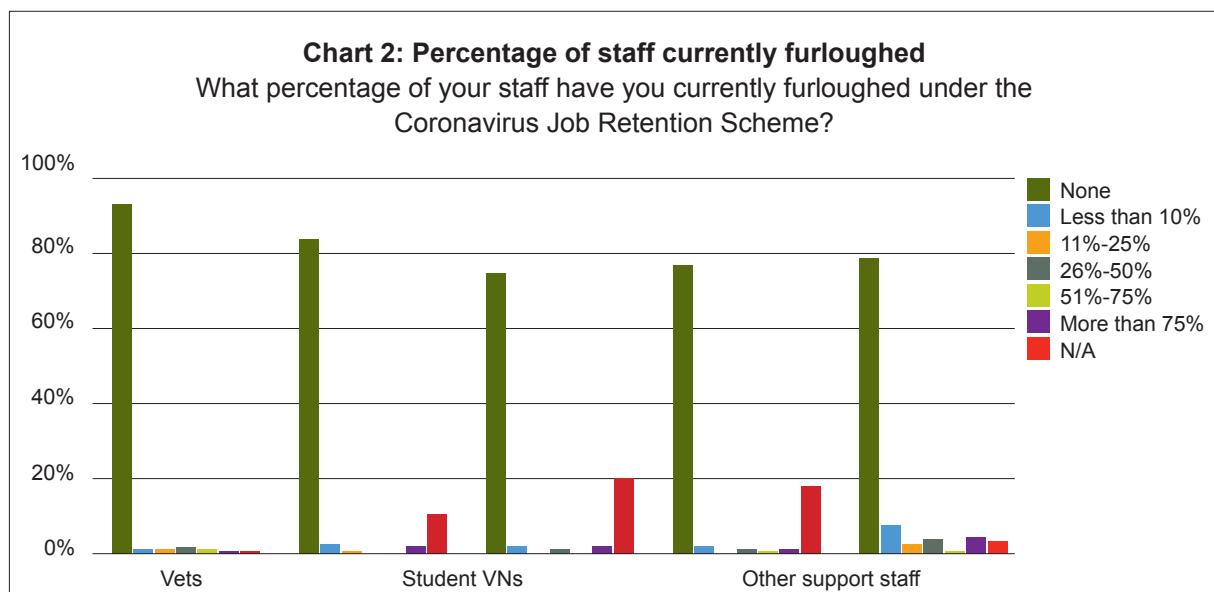
20. All respondents were also asked if they rented premises, and 63% said yes. When asked if they were in a position to pay their full rent on time during the pandemic, an encouraging 92% said yes; 5% have been able to pay the full amount with some delays and 3% a reduced amount, on time; however, 1% selected 'neither full amount nor on time'.

Government support

21. As in previous surveys, several questions were asked about the use of government and local authority support. Fifteen per cent had accessed, or had immediate plans to access, Business Interruption Loans; this was a decrease compared to the previous survey (21%) and the June survey (28%). Those who said they had not accessed the loans, and were not planning to, were asked why. Free-text responses showed that the most common reason was that the practice had no need of a loan (65%). Other reasons were not wanting to take on debt (7%), not being eligible (8%), being part of a corporate (9%), and having taken other steps, such as loans or grants from elsewhere (7%).
22. Only 7% had accessed, or had immediate plans to access, the Self-employment Income Support Scheme. The two main reasons were not being eligible (60%) and the loan not being needed (24%).
23. A larger number (31%) had accessed, or had immediate plans to access, local authority support such as grants or rates relief. However, 44% said 'no' to this question, with the remaining 24% saying it was not applicable.
24. Finally, 12% of respondents said 'yes' when asked if they had accessed any other sources of government support. The 19 respondents who provided further details mainly mentioned using the Coronavirus Job Retention Scheme, deferring income tax and/or VAT payments, getting a bounce-back loan, or using statutory sick pay for employees who were self-isolating.

Impact on staff: furloughing and redundancy

25. The responses to a question asking about the percentage of staff currently furloughed under the Coronavirus Job Retention Scheme showed that just 6% of practices had veterinary surgeons currently furloughed, compared to 10% in September and a much bigger 47% in June. All other types of staff either saw a decrease since the last survey, or held steady: 6% for veterinary nurses (18% in September), 5% for VN students, 5% for veterinary care assistants, and 19% for other support staff. Chart 2 shows the detailed breakdown of responses.



26. Those who currently had no staff furloughed were asked to select all the reasons why from a tick-box list, and 149 respondents did so. The most frequent response was 'staff required to cover the workload' (76%, up from 57% in September), followed by 'have used the furlough, but now brought, or about to bring, all staff back' (37%, down from 53% in September), 'single-handed practice/ small practice team' (19%) and 'furloughing is a last resort' (16%).
27. Furloughing has clearly impacted on practices and staff. Table 9 gives the issues selected by respondents (who were asked to select all that applied) and compares these to the September and June survey responses. The September survey showed that every adverse impact had reduced since June, with some issues decreasing substantially, and that those reporting 'no or minimal issues' had increased. However, this survey indicates that most adverse impacts had increased again: 'increased stress or impact on the mental health of teams continuing to work' is given by 75% of respondents, notably higher than in September (56%) and almost as high as in June (79%); 'difficulties in creating an acceptable rota' is given by 45% of respondents, compared to a lower 35% in September; and 'impact on mental health of those furloughed' is given by 44% of respondents, notably higher than in September (25%) and June (32%). In total, eight of the ten adverse impacts had increased since September, and the percentage of respondents reporting no or minimal issues, at 14%, was notably lower than in September (26%) and only slightly higher than in June (12%).
- a. A small number of respondents provided more detail about 'other' reasons, with just one issue, that of difficulty in giving non-furloughed employees annual leave or a break due to the heavy workload, being mentioned more than once.

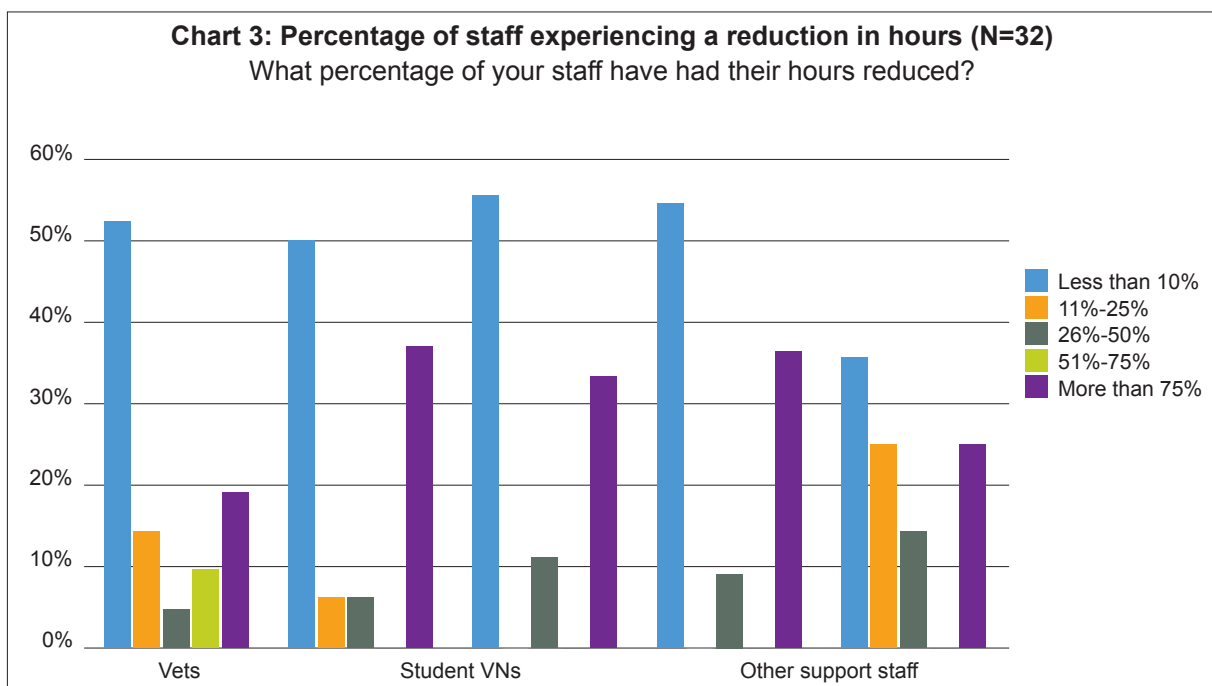
Table 9: Issues created by furloughing (multiple response)			
Issue	This survey %	Sept %	June %
Increased stress or impact on the mental health of teams continuing to work	75	56	79
Difficulties in creating an acceptable rota	45	35	55
Impact on mental health of those furloughed	44	25	32
Loss of nurse or administrative support / other expertise	42	29	53
Concerns about sickness or absence in teams continuing to work	41	30	43
Divisions within teams / difficulties in applying the Scheme fairly	33	26	28
Difficulties providing Branch practice cover	22	17	21
No or minimal issues	14	26	12
Lack of clarity / issues with the administrative burden of the Scheme	11	6	13
Those on reduced hours paid less than furloughed workers	7	6	7
Difficulties providing OOH service	6	8	12
Other	5	13	6
N=152 for this survey			

28. As in the two previous surveys, 11% of practices had made, or intended to make, staff redundant; however, 81% did not intend to do so (76% in September), and only 8% (compared to 13% in September and 22% in June) did not know. The 11% of respondents who indicated that the practice had made redundancies or intended to do so were asked a further question regarding the type and percentage of staff. The responses showed that actual and planned redundancies were spread across all types of staff, with the biggest numbers being in the 'other support staff' category, followed by the 'veterinary care assistants' category. For both veterinary surgeons and veterinary nurses, no respondent said their practice had made, or was planning to make, more than 10% of staff redundant.

Impact on staff: reduced pay and hours

29. Only 3% of respondents, compared to 7% in September and 11% in June, said that any of their staff had taken pay cuts for working the same hours as normal. Those who said their staff had taken pay cuts were asked for more detail; although the sample here was very small indeed, it appears that pay cuts had been spread more or less equally across all staff groups.

30. A larger 21% said their staff had experienced a reduction in hours, although this was a lower percentage than in September (24%) and notably lower than in June (37%). Practices that had reduced hours had mostly applied reductions in hours to a small number of people (ten per cent or fewer), although the distribution was wider for the 'other support staff' category (see chart 3). The number of respondents answering this question was fairly small (N=32) so these results should be treated with some caution.



31. Looking at the average percentage reduction in hours taken by staff who have had their hours cut, it appeared that the modal (most frequently-given) reduction for all staff groups was under 10%, with between 11 and 20% being the next most frequently-given. 'Other support staff' is the most likely group to have experienced cuts in hours of over 20%.

Remote working

32. There had been an increase in the percentage of practices with at least some staff working remotely, in that 37% of respondents said yes to this question, compared to a notably lower 26% in September; however, this percentage was still lower than in June (45%) and for the first survey (55%). Respondents were asked why staff were working remotely, selecting all reasons that applied, and here there was a departure from the September survey: 66% said it was because of current restrictions (7% said it was due to local lockdown in September), for 48% it was a 'business decision' (70% in September) and for 31% it was 'employee choice' (57% in September).
33. Of the 58 respondents who provided more information about the staff working remotely in their practices, the majority said that only ten per cent or fewer staff in every employee group were working remotely: this was by far the most frequent response, with only the 'other support staff' group having more than one-third (37%) working remotely.

Remote consulting

34. In this survey 58% of respondents reported that their practice was using remote consulting, somewhat higher than in September (50%) but notably lower than June (80%). This 58% of respondents were asked for what they were using remote consulting: for 49% it was for existing clients/animals only, and for 51% it was for both existing and new clients/animals, with no respondents saying it was for new clients/animals only. The uses of remote consulting were broadly similar to the previous survey in September:
- a. Practices using remote consulting for existing animals/clients only were mostly using it for triage/advice (91%) and repeat prescriptions for animals under their care (86%); only 23% were using it for prescriptions for new conditions.
 - b. Practices using remote consulting for both existing and new animals/clients were adopting somewhat different uses for these two groups:
 - i. For existing animals, they were using it for triage/advice (91%), repeat prescriptions for animals under their care (93%) and, to a lesser extent, prescriptions for new conditions (56%).
 - ii. For new animals, it was being used for triage/advice (93%), but much less for repeat prescriptions for existing conditions (42%) and prescriptions for new conditions (40%).
35. Respondents not using remote consulting (N=66) were asked for the reasons why, selecting all that applied. The reasons selected by ten or more respondents were:
- Concerns about accuracy of diagnosis if animal not seen face-to-face (68%)
 - Concerns about ability of owners to describe animals' problem(s) (53%)
 - Continued to see clients face-to-face (48%)
 - Concerns about complaints if owner not satisfied (35%)
 - Opposed in principle to remote consulting (29%)
 - Practice policy (15%)

In addition, 26% selected 'other', and described these using free text. These were varied, with the most common response being that remote consulting had been used during the first lockdown but was not considered necessary this time; other reasons given by more than one respondent were that the practice had facilities to see animals face-to-face, for example, outside or without the owner being present, and that they did not think that remote diagnosis was possible without a physical examination.

Difficulty in obtaining equipment and supplies

36. Some practices were still experiencing some difficulty in obtaining some types of equipment/ supplies as a result of Covid-19. Table 10 shows the percentage of respondents who selected each item from a tick-box list, and compares this survey's results with the two most recent surveys. This shows that difficulties obtaining all items have decreased, for some items notably, or remained more or less the same; in addition, those reporting no issue has considerably increased to 34%, from 18% in June and 13% in September. The small number of respondents who provided details about 'other' difficulties mainly mentioned specific drugs, vaccines or treatments.

Table 10: Have you had difficulty in obtaining any of the following as a result of Covid-19?			
Item	This survey %	Sept %	June %
Certain medicines	41	68	34
Necessary products are available, but with delays, purchase limits, or substitutes	34	37	35
Necessary products are available but with increased prices	34	32	25
No issue obtaining	34	13	18
Adequate Personal Protective Equipment (PPE)	18	42	46
Hand-sanitiser or equivalent products	13	49	61
General provisions (e.g. paper towels or loo roll)	7	19	18
Pet food	5	3	8
Oxygen	1	5	6
Other equipment/ medicines / supplies	6	6	-
N=147 for this survey			

Controlled drugs destruction

37. Twenty per cent of respondents said they were experiencing difficulty in obtaining an independent witness to attest to controlled drugs destruction during the pandemic, similar to the September survey (18%). Of these (N=30), more than half (56%) had controlled drugs overdue for destruction for six months or more. The full breakdown was: 20% had controlled drugs overdue for destruction for two to less than three months, 13% for three to less than four months, 7% for four to less than five months, 3% for five to less than six months, 13% for six to less than seven months, 10% for seven to less than eight months, and 33% for eight to less than nine months.

Client interactions

38. This survey asked a small number of questions about practices' interactions with clients. When asked whether the respondent's practice allowed clients to come into the premises, 44% said yes, similar to the last survey (45%). Of these (N=67), 93% allowed clients into a waiting area/reception, and a lower 54% into consult rooms.
39. All respondents were also asked whether the practice was carrying out home visits, other than for an emergency, to which only 11% (17% in September) said yes.

EMS placements

40. These 129 respondents were then asked about the number of EMS and IMR students they had taken every year (separately for each of the numbers 1 to 9 plus 10 and over), and 119 of them provided this information.
- Twelve respondents said their practices had previously taken ten or more students every year; when asked for more detail, responses varied considerably: three said merely 'EMS'; three 'more than 10', with two of these stipulating the students were EMS; and four gave specific numbers for EMS (20, 30, 50 and 100). The numbers given for IMR (by four respondents only) were much lower: 8, 2 every three months, 4, and all final year students in a specific university.
 - Table 11 gives the percentage breakdowns for the respondents who provided numbers under the headings 1 to 9. For these practices, the average (mean) number is 2.8 EMS students and 2.7 IMR students; however, the mode suggests that most practices taking fewer than ten students every year would normally take either one or two students of each type.

Number of students every year	EMS students		IMR students	
	No. practices	%	No. practices	%
1	32	27	11	35
2	32	27	9	39
3	14	12	3	10
4	14	12	2	6
5	9	8	1	3
6	8	7	0	-
7	0	-	0	-
8	4	3	3	10
9	4	3	2	6
10	117	100	31	100

41. The 129 respondents whose practices normally take EMS and/or IMR students were then asked for how many weeks each year they took students. Of these, 106 respondents provided this information.
- Twenty-three respondents said their practices had previously taken students for ten or more weeks every year, and gave more detail. As in the previous question,

responses varied considerably. For EMS, eight said merely 'EMS', while the rest specified the number of weeks: three said 12 weeks, one 15 weeks, three 20 weeks, one 28 weeks, two 48 weeks, one 52 weeks, one 'most of the year' and one 60 weeks. The numbers given for IMR (by two respondents only) were 17 weeks and 40 weeks.

- b. Table 12 gives the percentage breakdowns for the respondents who provided numbers of weeks under the headings 1 to 9. For these practices, the average (mean) number is 4.1 EMS weeks and 3.3 IMR weeks; the mode suggests that practices taking students for fewer than ten weeks every year would normally take EMS students for two or four weeks and IMR students for two weeks.

Number of students every year	EMS weeks		IMR weeks	
	No. practices	%	No. practices	%
1	7	7	5	17
2	22	21	10	33
3	8	8	0	-
4	23	22	7	23
5	5	5	1	3
6	15	14	2	7
7	1	1	0	-
8	9	9	9	3
9	14	13	2	13
10	104	100	30	100

42. When asked if they anticipated being able to accommodate students back on placements within the next two months, 28% said yes, 55% no, and 16% 'don't know'. These percentages are not comparable to the June and September surveys, when respondents were asked about the next six months rather than the next two months.

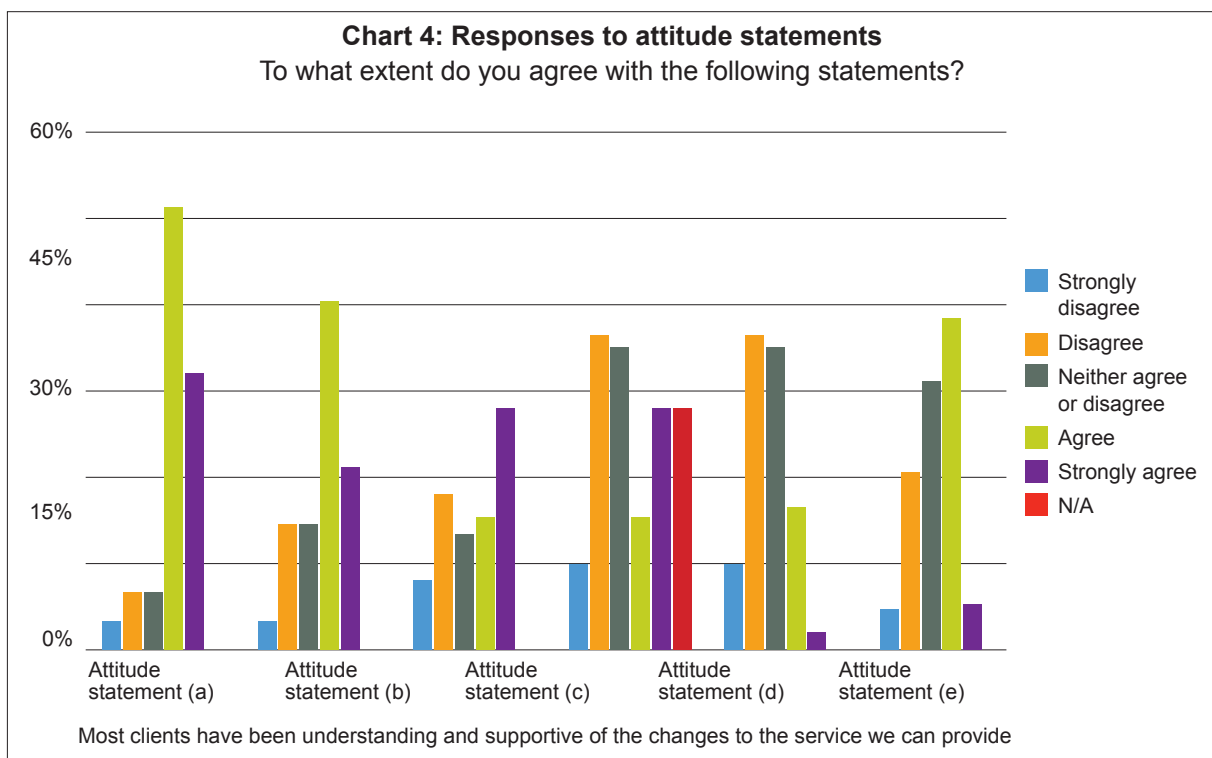
Attitude statements

43. As in previous surveys, respondents were asked to give their views about five statements, ranging from 'strongly disagree' to 'strongly agree'. The statements were:

- Most clients have been understanding and supportive of the changes to the service we can provide.
- Staff well-being has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses.
- Given changes to our current way of working due to the outbreak, providing 24/7 emergency care has placed significant additional stress and pressure on our staff.
- The guidance and support provided by the Government has been clear, timely and appropriate.
- The guidance and support provided by the RCVS has been clear, timely and appropriate.

44. Chart 4 shows how respondents reacted to these statements.

- As in the previous survey, the strongest level of agreement was for ‘Most clients have been understanding and supportive of the limitations to the service we can provide’: 83% agreed or strongly agreed (88% in September), and only 10% disagreed or strongly disagreed (6% in September).
- Less positively, there was also general agreement to ‘Staff well-being has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses’: 68% agreed or strongly agreed (64% in September), and only 18% disagreed or strongly disagreed (23% in September).
- As in the previous survey, the response to ‘Given changes to our current way of working due to the outbreak, providing 24/7 emergency care has placed significant additional stress and pressure on our staff’ was very varied: when ‘not applicable’ responses were removed, 45% agreed or strongly agreed (50% in September), while 36% disagreed or strongly disagreed (32% in September).
- Responses to ‘The guidance and support provided by the Government has been clear, timely and appropriate’ were more negative than positive overall, with 46% disagreeing or strongly disagreeing (42% in September) and a notably lower 19% agreeing or strongly agreeing (26% in September).
- In comparison to guidance and support provided by the Government, responses to ‘The guidance and support provided by the RCVS has been clear, timely and appropriate’ were notably more positive, with 44% agreeing or strongly agreeing (46% in September), and a notably lower 25% disagreeing or strongly disagreeing (22% in September).



Final comments

45. At the end of the survey, respondents were given the opportunity to provide comments and suggestions, via free-text boxes, to two questions. The first question asked, 'What would you find useful to support the mental health and wellbeing of your team during these difficult times?' while the second question asked respondents to suggest how the Government or RCVS could support them better through this crisis, or provide any other comments or feedback. After removing a few responses saying 'not applicable' or similar, 101 people provided responses to the first question and 70 to the second. For both questions, any comments or suggestions made by two or more respondents are reported.
46. **Mental health and wellbeing:** comments and suggestions were very varied and not easy to group into themes. However, the following broad categories emerged:
- **More time** to talk to the team, ask people individually and as a group how they were doing, and give people time off and less demanding rotas; this was often coupled with wanting **more staff**, with respondents saying it was difficult or impossible to recruit veterinary surgeons and locums, leading to very heavy and stressful workloads (28 respondents).
 - **More support** from RCVS and/or the Government (it was often unclear which), including clearer and more timely guidance, more understanding of the pressures veterinary practices were under, better explanations to the public and, from the RCVS, more protection from complaints (18 respondents).
 - Some respondents suggested a variety of **specific things** that would be helpful, including mental health webinars, training for managers, easier access to existing support provided by corporates and more support from head office for branches, more information about mental health, more contact with local mental health groups, provision of information about where to go to seek help (including self-help), regular meetings with staff, more funding for Occupational Health and counselling, and on a more immediate, day-to-day level, more treats for the team such as chocolate biscuits (13 respondents).
 - Some respondents reported that their teams were '**doing ok**' and did not need any further support, with a few of these mentioning that support already in place - such as a counsellor/ external support person, a mindfulness course and a team building programme – appeared to be sufficient (12 respondents).
 - Another group of respondents said the situation was '**out of their hands**' because things would not improve until the end was in sight via a vaccine and/or Covid-19 disappearing (9 respondents).
 - Somewhat similar to the above, some people said that they '**don't know**' what could be done, or had no idea what could improve things for their teams (8 respondents).
 - A small number suggested **relaxing rules** on different things: CPD, having to provide an out-of-hours service, social distancing at work (as long as PPE is worn), and allowing the extension of remote consulting/prescribing (4 respondents).
 - Finally, two respondents suggested more, and free, CPD.

47. Support, general comments and feedback:

- By far the most frequent comment (37 respondents in total) relates to respondents wanting **clear, timely, consistent guidance** that is relevant to, and acknowledges, the veterinary profession; an additional request is for the RCVS to interpret Government rules as quickly as possible after these have been announced. Some respondents (11) make it clear that they are directing this request to the Government, while others (10) address the RCVS specifically; however, for another group of comments (16) it is either unclear whether the respondent is aiming the comment at the Government or the RCVS, or the respondent mentions both.
- Another fairly frequent suggestion (14 respondents) is for the **RCVS to do more on behalf of the profession**, by firstly lobbying the Government (e.g. to make veterinary staff key workers or to acknowledge the importance of the profession during the pandemic), and secondly giving clearer instructions and information to members of the public (e.g. about social distancing and wearing masks, and about the pressures that veterinary practices are under).
- A smaller number of respondents (5) would like more **financial support**, such as rates relief and extending the support available to the self-employed.
- Similarly to the question above about mental health, some respondents (3) admit they **do not know** what else could be done, by the Government or the RCVS.
- Other comments and suggestions, each made by two respondents, are dissatisfaction with the impact of Brexit on the profession, a request for fewer restrictions, complaints about Track and Trace, and a request that the RCVS should help practices more actively to source locums and facilitate EMS placements.

Annex A: Survey

Demographics and practice information

1. What type of practice do you own/manage?
 - a. Small-animal-only practice (including small animal practices that treat exotics)
 - b. Equine-only practice
 - c. Farm-animal-only practice
 - d. Mixed practice
 - e. Referral practice
 - f. Other (please specify)

2. In which country is your main practice premises based?
 - a. England
 - b. Scotland
 - c. Wales
 - d. Northern Ireland

3. If answered 2a: in which tier was your main practice premises before the current lockdown?
 - a. 1
 - b. 2
 - c. 3
 - d. 4

4. If answered 2b: which level is your main practice premises currently in?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4

5. Please give us the first part of the postcode of your main practice premises, e.g. SW1A or LA1 (this may be used to create a geographic picture of where practices are located, not to track individual responses).

6. How many full-time equivalent (FTE) vets are there in your practice?
- a. 3 or fewer
 - b. 4-10
 - c. 11-25
 - d. 26-50
 - e. More than 50
7. How many full-time equivalent (FTE) veterinary nurses are there in your practice?
- a. 3 or fewer
 - b. 4-10
 - c. 11-25
 - d. 26-50
 - e. More than 50
 - f. N?A
8. Which of the following best describes your practice?
- a. An independent, stand-alone practice (e.g. a partnership)
 - b. An independent, stand-alone practice that is part of a larger group (with some shared centralised support functions)
 - c. Part of a corporate group
 - d. Part of a joint venture with a corporate group
 - e. A charity
 - f. Part of a veterinary school
 - g. An out-of-hours-only provider
 - h. Other (please specify)
9. Which of the following best describes your practice's approach to providing 24/7 emergency cover, pre-Covid-19?
- a. Practice covers its own out-of-hours work, using its own veterinary surgeons
 - b. Practice covers its own out-of-hours work, with locum help
 - c. Practice uses a dedicated out-of-hours service provider
 - d. Practice co-operates with other local practices to share out-of-hours work
 - e. Practice is primarily or wholly an out-of-hours provider
 - f. We handle 24/7 emergency cover another way – please specify (free text)

10. Please tick the description below that most closely approximates to the area your practice serves:
- a. An urban area
 - b. A rural area
 - c. A mixture of urban and rural

Current situation

11. What percentage of your staff are currently self-isolating?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-25%					
26-50%					
51-75%					
More than 75%					
N/A					

12. Have any of these had Covid-19 confirmed by a test?

- a. Yes
- b. No

13. Have any of your staff been contacted as part of the Test and Trace service?

- a. Yes
- b. No

14. If yes to 13: Where was this contact from?

- a. Work – client
- b. Work – staff member
- c. Not from work
- d. Do not know

15. If yes to 13: Did any of your staff end up in quarantine or self-isolation following the contact?
- No, there was an exemption because correct PPE was worn
 - Yes, the individual who was contacted
 - Yes, the individual who was contacted and others who had been working with them
16. What 'in-person' services are you currently providing?
- Business as usual
 - Near normal
 - Reduced caseload, including some routine work
 - Emergencies only
 - None
17. How has your current practice turnover changed compared to how it was pre-Covid-19?
Please compare the current quarter to the same quarter 2019.
- Increased
 - Stayed the same
 - Reduced by 25% or less
 - Reduced by 26%-50%
 - Reduced by 51%-75%
 - Reduced by more than 75%
18. How has your practice cash flow positions changed compared to how it was pre-Covid-19?
- Improved
 - Stayed the same
 - Has worsened and is causing concern
 - Has worsened and is critical
19. Are any of your premises currently closed, or do you have immediate plans to close any premises? (tick all that apply):
- Yes – main premises
 - Yes – branch premises
 - No

20. If (a) and/or (b) to 19: In the next three months do you anticipate re-opening:

- a. Main premises
 - i. All premises
 - ii. Some premises
 - iii. No premises
 - iv. Don't know
 - v. N/A
- b. Branch premises
 - i. All premises
 - ii. Some premises
 - iii. No premises
 - iv. Don't know
 - v. N/A

21. If (a) and/or (b) to 19: Do you rent premises?

- a. Yes
- b. No

22. If yes to 21: Have you been in a position to pay your full rent on time during the pandemic?

- a. Yes
- b. Full amount, with some delays
- c. Reduction in amount, on time
- d. Neither full amount nor on time

23. What percentage of your staff have you currently furloughed under the Coronavirus Job Retention Scheme?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
10-25%					
26-50%					
51-75%					
More than 75%					
N/A					

24. If you currently have not furloughed any staff, why not? (tick all that apply):
- a. Staff required to cover workload
 - b. Single-handed practice/ small practice team
 - c. Splitting shifts/ reducing salaries instead
 - d. Still waiting to decide
 - e. Furloughing is a last resort
 - f. Concerned about impact of sickness/ absence
 - g. Have used the furlough but not brought, or about to bring, all staff back
 - h. Other (please specify)
25. If you have furloughed staff, either currently or in the past, what issues has furloughing created? (tick all that apply):
- a. No or minimal issues
 - b. Increased stress or impact on the mental health of teams continuing to work
 - c. Difficulties creating an acceptable rota
 - d. Divisions within teams/ difficulties applying the Scheme fairly
 - e. Impact on the mental health of those furloughed
 - f. Loss of nurse or administrative support/ other expertise
 - g. Lack of clarity about the Scheme/ issues with the administrative burden of the Scheme
 - h. Those on reduced hours paid less than furloughed workers
 - i. Difficulties providing OOH service
 - j. Difficulties providing Branch practice cover
 - k. Concerns about sickness or absence in teams continuing to work
 - l. Other (please specify)
26. Government support: Have you accessed, or do you have immediate plans to access, any Business Interruption Loans?
- a. Yes
 - b. No
 - c. N/A
27. If no to 26: Why are you not accessing the Business Interruption Loans? (free text):

28. Government support: Have you accessed, or do you have immediate plans to access, the Self-employment Income Support Scheme?

- a. Yes
- b. No
- c. N/A

29. If no to 28: Why are you not accessing the Self-employment Income Support Scheme? (free text):

30. Government support: Have you accessed, or do you have immediate plans to access, any Local Authority support e.g. Grants or Rates Relief?

- a. Yes
- b. No
- c. N/A

31. Have you accessed any other sources of Government support?

- a. No
- b. Yes (please specify)

32. Have you made, or do you have immediate plans to make, staff redundant?

- a. Yes
- b. No
- c. Don't know

33. If yes to 32: What percentage of your staff have you made, or do you have immediate plans to make, redundant?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
10-25%					
26-50%					
51-75%					
More than 75%					
N/A					

34. Have any of your staff taken pay cuts for working the same hours as normal?

- a. Yes
- b. No

35. If yes to 34: What percentage of your staff have taken pay cuts?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
10-25%					
26-50%					
51-75%					
More than 75%					
N/A					

36. If yes to 34: On average, what percentage pay cut have your staff taken?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
10-20%					
21-30%					
31-40%					
41-50%					
More than 50%					
N/A					

37. Have any of your staff had their hours reduced?

- a. Yes
- b. No

38. If yes to 37: What percentage of your staff have had their hours reduced?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
10-25%					
26-50%					
51-75%					
More than 75%					

39. If yes to 37: On average, what percentage reduction in hours have your staff taken?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
10-20%					
21-30%					
31-40%					
41-50%					
More than 50%					

40. Are any of your staff working remotely (e.g. at home)?

- a. Yes
- b. No

41. If yes to 40: Why are they working remotely? (tick all that apply):

- a. Employee's choice
- b. Business decision
- c. Due to current restrictions

42. If yes to 40: What percentage of your staff are working remotely?

- a. 10% or less
- b. 11%-25%
- c. 26%-50%
- d. 51%-75%
- e. More than 75%

43. Are you using remote consulting (by remote consulting we mean taking a history by means other than being physically present with the animal, which may or may not involve writing a prescription) as a result of social distancing measures?

- a. Yes
- b. No

44. If no to 43, why not? (tick as many as apply):

- a. Concerns about accuracy of diagnosis if animal not seen face-to-face
- b. Continued to see clients face-to-face
- c. Concerns about ability of owners to describe animals' problem(s)

- d. Practice policy
 - e. Opposed in principle to remote consulting
 - f. Concerns about complaints if owners feel remote consulting/prescribing has led to an unsatisfactory outcome
 - g. Lack of IT equipment/software
 - h. Lack of confidence in IT skills
 - i. Other (please specify)
45. If yes to 43: Are you using remote consulting:
- a. For existing clients/animals only?
 - b. For new clients/animals only?
 - c. For both existing and new clients/animals?
46. If (a) to 43: For existing clients/animals only, are you using remote consulting (tick all that apply):
- a. For triage/advice?
 - b. For repeat prescriptions for animals under your care?
 - c. For prescriptions for new conditions?
47. If (c) to 43: For existing clients/animals, are you using remote consulting (tick all that apply):
- a. For triage/advice?
 - b. For repeat prescriptions for animals under your care?
 - c. For prescriptions for new conditions?
48. If (b) or (c) to 43: For new clients/animals, are you using remote consulting (tick all that apply):
- a. For triage/advice?
 - b. For repeat prescriptions for pre-existing conditions?
 - c. For prescriptions for new conditions?
49. Are you currently having difficulty obtaining any of the following as a result of Covid-19?
(tick all that apply):
- a. Adequate personal protective equipment (PPE)
 - b. Oxygen
 - c. Hand-sanitiser or equivalent products
 - d. Certain medicines
 - e. General provisions (e.g. paper towels or loo roll)
 - f. Pet food
 - g. Necessary products are available, but with delays, purchase limits, or substitutes

- h. Necessary products are available but with increased prices
 - i. No issue obtaining
 - j. Other equipment/ medicines/ supplies – please specify (free text)
50. Have you had any difficulty in obtaining an independent witness to attest to controlled drugs destruction during the pandemic?
- a. Yes
 - b. No
51. If yes to 50: For how many months have you had controlled drugs that have been overdue destruction? (please tick the time period that represents the longest time for which you have had drugs requiring destruction):
- a. 2 months to less than 3 months
 - b. 3 months to less than 4 months
 - c. 4 months to less than 5 months
 - d. 5 months to less than 6 months
 - e. 6 months to less than 7 months
 - f. 7 months to less than 8 months
 - g. 8 months to less than 9 months
52. Are you allowing clients to come to your premises?
- a. Yes
 - b. No
 - c. N/A
53. If yes to 52: Where are you allowing clients? (please tick all that apply):
- a. Waiting area/reception
 - b. Consult rooms
54. Is your practice carrying out home visits, other than for an emergency?
- a. Yes
 - b. No
55. Prior to the Covid-19 pandemic, did your practice take students on extra-mural studies placements ((EMS) 'seeing practice') or Intra-mural rotations ((IMR) – students being formally taught within your practice)?
- a. Yes
 - b. No

56. If yes to 55: How many students approximately each year?
- i. EMS students - 1,2,3,4,5,6,7,8,9
 - ii. IMR students - 1,2,3,4,5,6,7,8,9
 - iii. 10 or more (please specify EMS, IMR or both)
57. If yes to 55: How many weeks each year? (if you take more than one student per week, count this as one week)
- i. EMS students - 1,2,3,4,5,6,7,8,9
 - ii. IMR students - 1,2,3,4,5,6,7,8,9
 - iii. 10 or more (please specify EMS, IMR or both)
58. If yes to 55: Do you anticipate being able to accommodate students back on EMS or IMR placements in the next two months?
- a. Yes
 - b. No
 - c. Don't know
59. To what extent do you agree with the following statements? (Strongly disagree/ Disagree/ Neither agree nor disagree/ Agree/ Strongly agree)
- Most clients have been understanding and supportive of the changes to the service we can provide
 - Staff well-being has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses
 - Given changes to our current way of working due to the outbreak, providing 24/7 emergency care has placed significant additional stress and pressure on our staff
 - The guidance and support provided by the Government has been clear, timely and appropriate
 - The guidance and support provided by the RCVS has been clear, timely and appropriate
60. What would you find useful to support the mental health and wellbeing of your team during these difficult times? [free text]

Comments and feedback

Please use this space to suggest how the Government or RCVS could support you better through this crisis, or provide any other comments or feedback?