

Coronavirus: economic impact on veterinary practice

Results from RCVS survey #4
1-7 September 2020



Fourth survey on the economic 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 and the third on 12-16 June 2020, and the results from those surveys can be accessed at www.rcvs.org.uk/coronavirus-surveys. This report relates to the fourth survey, which was carried out between Tuesday 1 September and Monday 7 September 2020.
2. The following are the notable changes since previous surveys:
 - a. For many veterinary practices, things appear to be getting back to normal, with a notable increase in respondents saying their practices are operating a 'near normal' (58%) or 'business as usual' (27%) in-person service.
 - b. Far fewer practices have staff who are self-isolating, and only a small percentage report that they have staff in quarantine after returning from abroad or after being contacted via the Test and Trace service.
 - c. There has also been a big improvement in the percentage of respondents who report their practice's turnover has stayed the same or increased compared to pre-Covid-19 levels (56%). In addition, for 80% of respondents, their practice's cash flow position has stayed the same or even improved compared to pre-Covid-19.
 - d. Another encouraging improvement is that 93% of respondents now say that their practice has not closed main or branch premises, nor is intending to do so.
 - e. There has been a big drop in the percentage of staff currently furloughed; just 10% of practices, for example, have veterinary surgeons currently furloughed, compared to 47% in June. In addition, the percentage of respondents reporting adverse impacts from furloughing has decreased, although 56% are still concerned about increased stress or impact on the mental health of teams continuing to work.
 - f. There have also been reductions in the percentage reporting staff having to take pay cuts or work reduced hours, and an increase in the percentage who have not made any staff redundant and do not intend to do so.
 - g. Notably fewer practices now have staff working remotely: 26%, compared to 45% in June and 55% when the first survey was run. There has also been a big drop of respondents reporting that their practice is using remote consulting, from 80% to 50%, although this still means that half of the practices are using it.

- h. Although it appears to be getting easier to obtain certain sorts of supplies, those reporting difficulties obtaining certain medicines has increased considerably from 34% to 68%, and those reporting no issue has decreased from 18% to 13%.

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 3,077. The survey was also publicised on social media and through veterinary associations and media.
4. The survey gathered 241 responses (an 8% response rate), with an 85% completion rate and an average completion time of just eight minutes. The first survey achieved a response rate of 532 responses (a 17% response rate) with a 90% completion rate and an average completion time of just eight minutes. The second survey gathered 251 responses (an 8% response rate) with an average completion time of nine minutes and a 92% completion rate. The third survey achieved 196 responses (a 6% response rate) with a 93% completion rate and an average completion time of ten minutes.

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.

Table 1: What type of practice do you own/manage?	
Small-animal-only practice (including practices that treat exotics)	73%
Mixed practice	12%
Equine-only practice	4%
Farm-animal-only practice	4%
Referral practice	3%
Other	4%
	N=241

Table 2: How many full-time equivalent (FTE) veterinary surgeons / veterinary nurses are there in your practice?		
	Veterinary surgeons	Veterinary nurses
3 or fewer	47%	40%
4-10	46%	44%
11-25	5%	10%
26-50	2%	1%
More than 50	0%	0%
	n=194	n=195

Table 3: Which of the following best describes your practice?	
An independent, stand-alone practice (e.g. a partnership)	55%
Part of a corporate group	21%
Part of a joint venture with a corporate group	21%
An independent, stand-alone practice that is part of a larger group (with some shared centralised support functions)	6%
A charity / veterinary school / out-of-hours-only provider / other	6%
	N=240

6. The type of area served by the practice was a mixture of urban and rural for 42% of respondents, urban for 39% and rural for 19%.
7. The UK country in which the primary practice was based was England for 84% of respondents, Scotland for 10%, Wales for 5% and Northern Ireland for 1%.
8. 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.
9. Just 7% of respondents' primary practices were in areas that have gone back into greater lockdown restriction.

24/7 emergency cover

10. 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 4 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 4: 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	54%
Practice covers its own out-of-hours work, using its own veterinary surgeons	34%
Practice co-operates with other local practices to share out-of-hours work	5%
Practice covers its own out-of-hours work, with locum help	1%
Practice is primarily or wholly an out-of-hours provider	1%
We handle 24/7 emergency cover another way	5%
	N=240

The most frequently-described 'other' ways of handling emergency cover described by respondents were that the practice covered its own out-of-hours during the week, with a dedicated provider covering all or part of the weekend, or that the practice covered its own out-of-hours during the week but only up to 10 pm, with weekends and the rest of the night being covered by a dedicated provider.

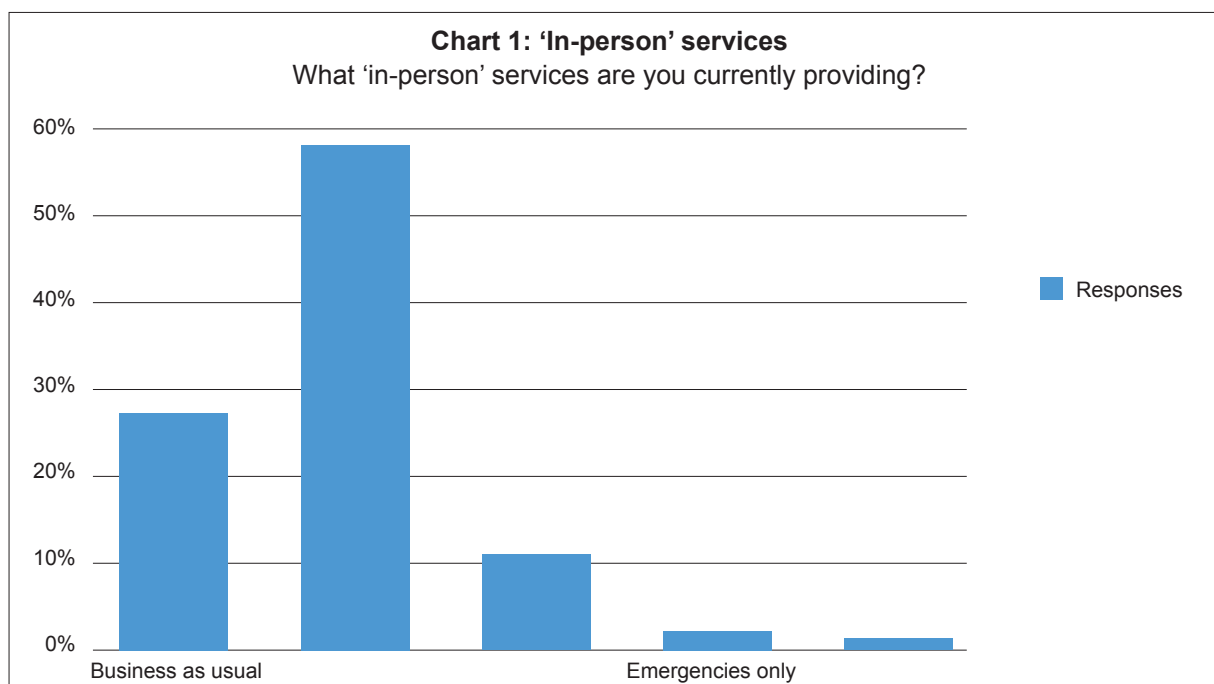
Staff who are self-isolating or in quarantine

11. The number of practices with staff who were self-isolating or were confirmed as having Covid-19 is, fortunately, low overall, and lower than in previous surveys.
 - a. For the large majority (96%) of practices, there are no veterinary surgeons currently self-isolating or confirmed as Covid-19 cases, and the remaining 4% have fewer than 10% affected in this way.
 - b. Most (88%) of practices have no veterinary nurses who are self-isolating or confirmed as Covid-19 cases, and for a further 10% the question is not applicable because they have no veterinary nurses. However, four practices have ten per cent or fewer of their veterinary nursing staff affected, one practice has between 11 and 25 per cent, and one practice has between 26 and 60 per cent.
 - c. Almost all practices had either no student VNs in isolation or with confirmed Covid-19 (79%) or the question is not relevant because they do not have student VNs (20%). One practice had ten per cent or fewer of its VN students self-isolating or confirmed with Covid-19, and one further practice had more than 75 per cent affected.
 - d. For veterinary care assistants, 79% of practices had no staff self-isolating or with confirmed Covid-19, while for 18% the question was not relevant; this left 2% of practices with ten per cent or fewer staff self-isolating or confirmed with Covid-19, and one practice that had between 26 and 50 per cent affected.
 - e. Finally, for other support staff, 93% of practices had no staff self-isolating or with confirmed Covid-19, while for 4% the question was not relevant; of the remaining practices, 2% had ten per cent or fewer staff self-isolating or confirmed with Covid-19, one practice had between 11 and 25 per cent, and two practices had between 26 and 50 per cent affected.
12. Respondents were also asked, in a question new for this survey, whether any staff were currently in quarantine after returning from an overseas trip.
 - a. For the large majority of practices, the answer was either 'none' or 'not applicable': this applied to 94% for veterinary surgeons, 99% for veterinary nurses, 99% for VN students, 100% for veterinary care assistants, and 98% for other support staff,
 - b. However, a small number of practices had veterinary surgeons, veterinary nurses, VN students and other support staff in quarantine:
 - i. 5% of practices had ten per cent or fewer veterinary surgeons in quarantine; however, one practice had between 11 and 25 per cent, and one had more than 75 per cent.
 - ii. Only three practices had veterinary nurses in quarantine: one had ten per cent or fewer in quarantine, and two practices had between 11 and 25 per cent.

- iii. Two practices had student VNs in quarantine; for both, ten per cent or fewer of their student VNs were in quarantine.
 - iv. Four practices had other support staff in quarantine: two had ten per cent or fewer, one between 11 and 25 per cent, and one between 26 and 50 per cent.
13. Another question new to this survey asked whether any staff in the practice had been contacted as part of the Test and Trace service: 10% of respondents said yes.
- a. Of those saying yes, 13% said this was because of a contact via work, while 75% said it was not, and the rest did not know.
 - b. Just three respondents said the individual contacted had ended up in quarantine following this contact: for one, it was just the individual who went into quarantine, while for the other two it was the individual and others who had been working with them.

Impact on services provided and turnover

14. For 'in-person' services, there had been a significant improvement, since the previous survey, with regard to the percentages of respondents whose practices are now providing 'business as usual' (27%) or a 'near normal' (58%) caseload (see chart 1). In June, over half (58%) of respondents reported a 'reduced caseload', whereas in this survey, the percentage had fallen dramatically to 11%. Only 2% report 'emergencies only' and 1% 'none'.



15. There has also been a big improvement in results when respondents were asked to compare their practice's turnover with the pre-Covid-19 situation, as table 5 shows. In June, the large majority of respondents said their practice's turnover had reduced, whereas this time 56% said it had stayed the same or increased.

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

16. A similar position can be seen with regard to the practice's cash flow position, a new question for this survey. While 20% of respondents said, worryingly, that this had worsened compared to pre-Covid-19, for 80% it had stayed the same or even improved (see table 6).

Table 6: How has your practice cash-flow position changed compared to how it was pre-Covid-19?	
Increased	27%
Stayed the same	53%
Has worsened and is causing concern	19%
Has worsened and is critical	1%
	N=226

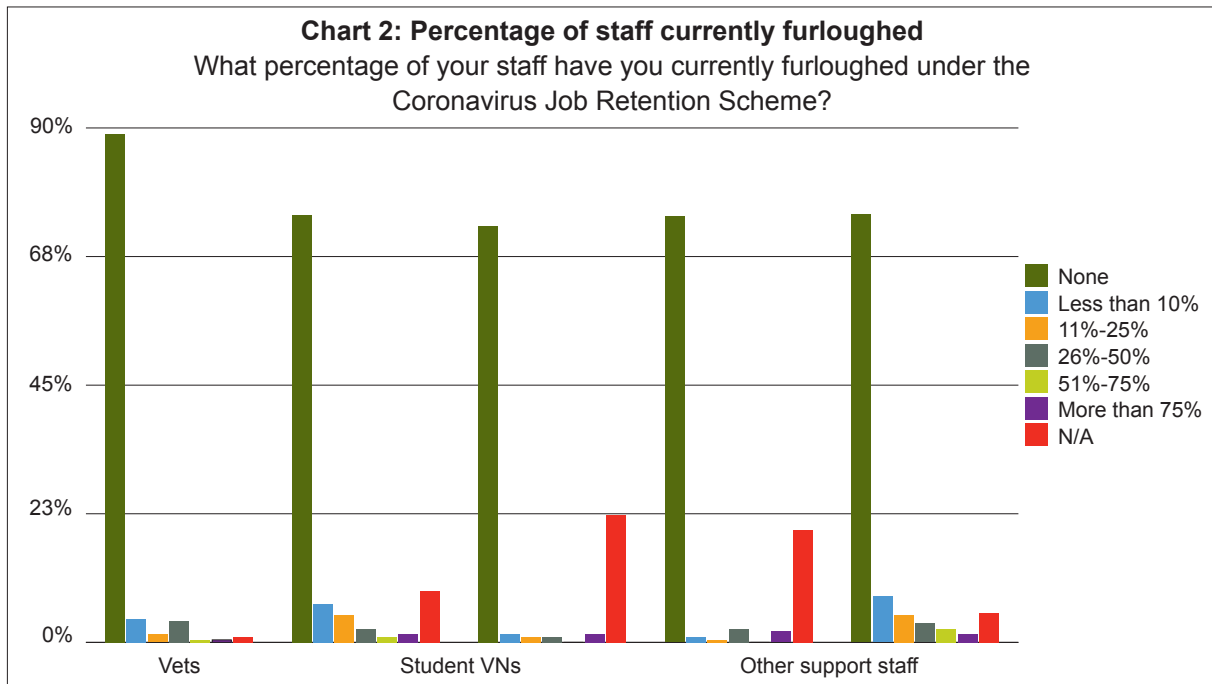
17. Another improved finding was that 93% of respondents said that their practices had not had to close either main or branch premises, and/or did not have immediate plans to do so; this was a significant improvement on the June survey, when 81% had no closures or planned closures. However, 2% had closed main premises, and 6% had closed branch premises (these percentages do not add up to 100 because respondents selected all that applied, indicating that some practices have closed both main and branch premises).
- a. The relatively small number of respondents (19) who had said that premises were closed were asked if there were plans to re-open these in the next three months.
 - i. Six respondents said that all main premises would re-open, two that none would, and two did not know.
 - ii. Seven respondents said that all branch premises would re-open, two that some would, and one that none would.
 - b. These 19 respondents were also asked if they rented premises, and 63% of them (12 respondents) said yes. These 12 were asked if they had been in a position to pay their full rent on time during the pandemic, and 11 responded: six said yes, four that they had been able to pay the full amount with some delays; but one selected 'neither full amount nor on time'.

Government support

18. As in the June survey, several questions were asked about the use of government and local authority support. Around one-fifth (21%) have accessed, or have immediate plans to access, Business Interruption Loans; this is a decrease compared to the June survey, when 28% had done or were planning to do so. 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 (53%) or did not want to take on debt (13%). Other reasons included not being eligible (10%), being part of a corporate (7%), and having taken other steps to reduce expenditure and manage the situation (7%).
19. Only 4% had accessed, or had immediate plans to access, the Self-employment Income Support Scheme; this compared to 6% in the June survey. The two main reasons were not being eligible (62%) and the loan not being needed (27%).
20. A larger number (29%, lower than June's 39%) had accessed, or had immediate plans to access, local authority support such as grants or rates relief, although this was lower than the June survey's 39%. However, 41% said 'no' to this question, with the remaining 30% saying it was not applicable.
21. Finally, 14% of respondents said 'yes' when asked if they had accessed any other sources of government support; this was similar to the June survey's 16%. Those who provided further details mainly mentioned using the Coronavirus Job Retention Scheme (33%), deferring income tax and/or VAT payments (27%), getting a bounce-back loan (17%), or using statutory sick pay.

Impact on staff: furloughing and redundancy

22. The responses to a question asking about the percentage of staff currently furloughed under the Coronavirus Job Retention Scheme indicated a big drop since the June survey. Just 10% of practices have veterinary surgeons currently furloughed, compared to 47% in June. All other types of staff saw a significant drop, too: 18% for veterinary nurses (55% in June), 6% for VN students, 7% for veterinary care assistants, and 19% for other support staff. For veterinary surgeons, veterinary nurses, and other support staff, the modal (most common) response was that ten per cent or fewer staff were currently furloughed, whereas in June the modal response was between 11 and 25 per cent. Chart 2 shows the detailed breakdown of responses.



23. When those who currently have no staff furloughed were asked to select all the reasons why from a tick-box list, the most frequent response was ‘staff required to cover the workload’ (57%, up from 49% in June), followed by ‘have used the furlough, but now brought, or about to bring, all staff back’ (53%) and ‘single-handed practice/ small practice team’ (20, down from 28% in June).

24. Furloughing has, as the June survey indicated, clearly impacted on practices and staff. Table 7 gives the issues selected by respondents and compares these to the June survey responses. This shows that every adverse impact has reduced since June, with some issues decreasing substantially, and that those reporting ‘no or minimal issues’ had increased. A small number of respondents provided more detail about ‘other’ reasons; one issue, that of employees accruing annual leave while furloughed, was mentioned several times – as being difficult and costly to manage, and being perceived as unfair by people still working.

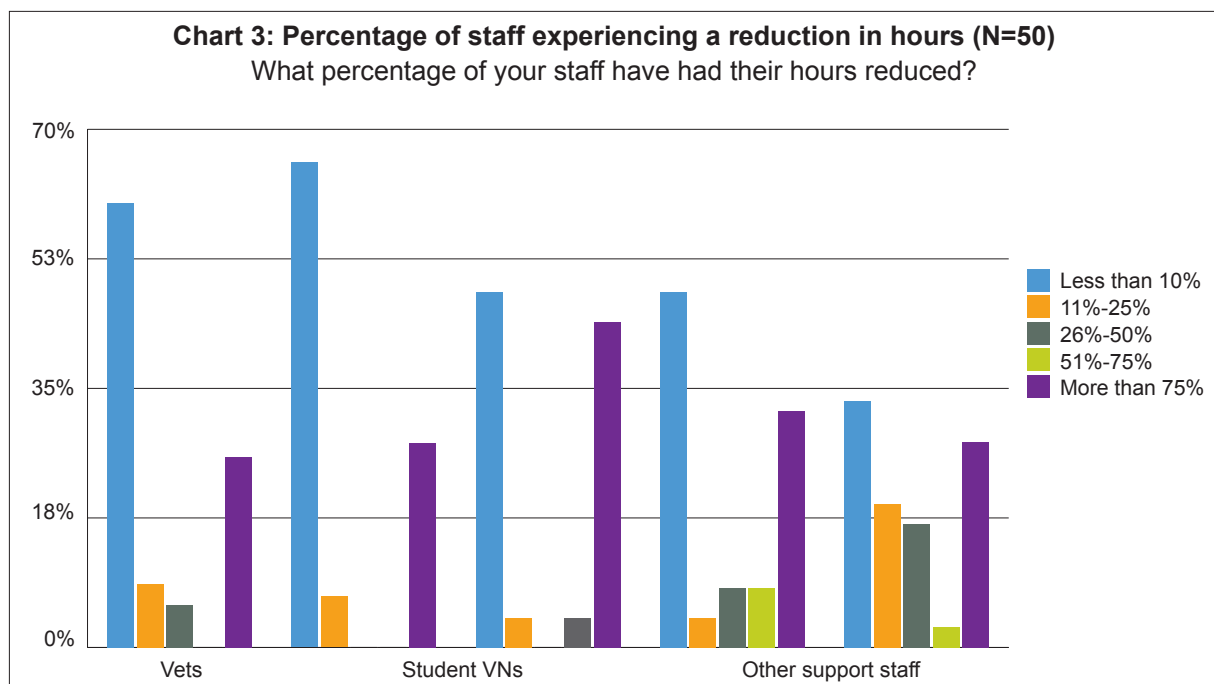
Table 7: Issues created by furloughing		
Issue	September	June
Increased stress or impact on the mental health of teams continuing to work	56%	79%
Difficulties in creating an acceptable rota	35%	55%
Concerns about sickness or absence in teams continuing to work	30%	43%
Loss of nurse or administrative support / other expertise	29%	53%
Divisions within teams / difficulties in applying the Scheme fairly	26%	28%
No or minimal issues	26%	12%
Impact on mental health of those furloughed	25%	32%
Difficulties providing Branch practice cover	17%	21%
Difficulties providing OOH service	8%	12%
Lack of clarity / issues with the administrative burden of the Scheme	6%	13%
Those on reduced hours paid less than furloughed workers	6%	7%
Other	13%	6%
		N=186

25. As in the June survey, 11% of practices had made, or intended to make, staff redundant; however, 76% did not intend to do so, and only 13% (compared to 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. The modal (most common) response was that ten per cent or fewer staff in each category had been, or were likely to be, made redundant.

Impact on staff: reduced pay and hours

26. Only 7% of respondents, compared to 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, it appeared that the most likely group to have experienced pay cuts, and to have taken a larger cut than ten per cent or less, was veterinary surgeons.

27. A larger 24% said their staff had experienced a reduction in hours, although this was a notably lower percentage than in June (37%). In a similar pattern to June, practices that had reduced hours had typically applied reductions in hours to either a small number of people (ten per cent or fewer), or across the board to all types of staff (see chart 3).



28. 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 except other support staff was ten per cent or lower, with between 11 and 20 per cent being the next most frequently-given. For support staff, it was the other way around, i.e. the modal value was between 11 and 20 per cent, with ten per cent or lower being the next most common amount. Reductions in hours of more than 20 per cent were unusual for all staff groups.

Remote working

29. Notably fewer practices had staff working remotely in this survey: 26%, compared to 45% in June and 55% when the first survey was run. Respondents were asked why staff were working remotely, selecting all reasons that applied: this shows that for 70% of practices with staff working remotely, the reason was 'business decision', for 57% it was 'employee choice' and for just 7% it was 'due to local lockdown'.
30. Of the 54 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. The next most common response for support staff was between 11 and 20 percent, and for all other staff groups it was more than 75 per cent, suggesting that a very small number of practices had all or most people working remotely as the norm, while for most practices it was only a small number who worked remotely.

Remote consulting

31. In this survey 50% of respondents reported that their practice was using remote consulting, a big drop compared to June, when 80% were using it. This 50% of respondents were asked for what they were using remote consulting: for over half (56%) it was for existing clients/animals only, for 43% it was for both existing and new clients/animals, and for just 1% was is for new clients/animals only.
- a. Practices using remote consulting for existing animals/clients only were mostly using it for triage/advice (93%) and repeat prescriptions for animals under their care (91%); only 28% were using it for prescriptions for new conditions.
 - b. Practices using remote consulting for both existing and new animals/clients were adopting different uses for these two groups:
 - i. For existing animals, they were using it for triage/advice (98%), repeat prescriptions for animals under their care (84%) and, to a lesser extent, prescriptions for new conditions (51%).
 - ii. For new animals, it was being used for triage/advice (100%), but much less for repeat prescriptions for existing conditions (43%) and prescriptions for new conditions (26%).

Difficulty in obtaining equipment and supplies

32. It appeared that practices were still experiencing some difficulty in obtaining some types of equipment/supplies. Table 8 shows the percentage of respondents who selected each item from a tick-box list, and compares this survey's results with the June survey. This shows that difficulties obtaining most items has decreased or remained more or less the same; however, those reporting difficulties obtaining certain medicines had increased considerably, from 34% to 68%, and those reporting no issue had decreased from 18% to 13%. The small number of respondents who provided details about 'other' difficulties mainly described problems in obtaining or replacing equipment or having it repaired.

Issue	September	June
Certain medicines	68%	34%
Hand-sanitiser or equivalent products	49%	61%
Adequate Personal Protective Equipment (PPE)	42%	46%
Necessary products are available, but with delays, purchase limits, or substitutes	37%	35%
Necessary products are available but with increased prices	32%	25%
General provisions (e.g. paper towels or loo roll)	19%	18%
No issue obtaining	13%	18%
Oxygen	5%	6%
Pet food	3%	8%
Other equipment/ medicines / supplies	6%	-
		N=186

Controlled drugs destruction

33. Two questions new to this survey asked respondents if their practice was experiencing difficulty in obtaining an independent witness to attest to controlled drugs destruction during the pandemic, and if so, for how many months they had had controlled drugs that were overdue destruction.
34. Almost one-fifth (18%) said they were experiencing such difficulty. Of these, 22% had controlled drugs overdue for destruction for two to less than three months, 17% for three to less than four months, 19% for four to less than five months, and 42% for five to less than six months.

Client interactions

35. 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, slightly under half (45%) said yes. Of these, 60% allowed clients into a waiting area, 74% into reception, and a lower 55% into consult rooms.
36. All respondents were also asked whether the practice was carrying out home visits, other than for an emergency, to which a relatively low 17% said yes.

EMS placements

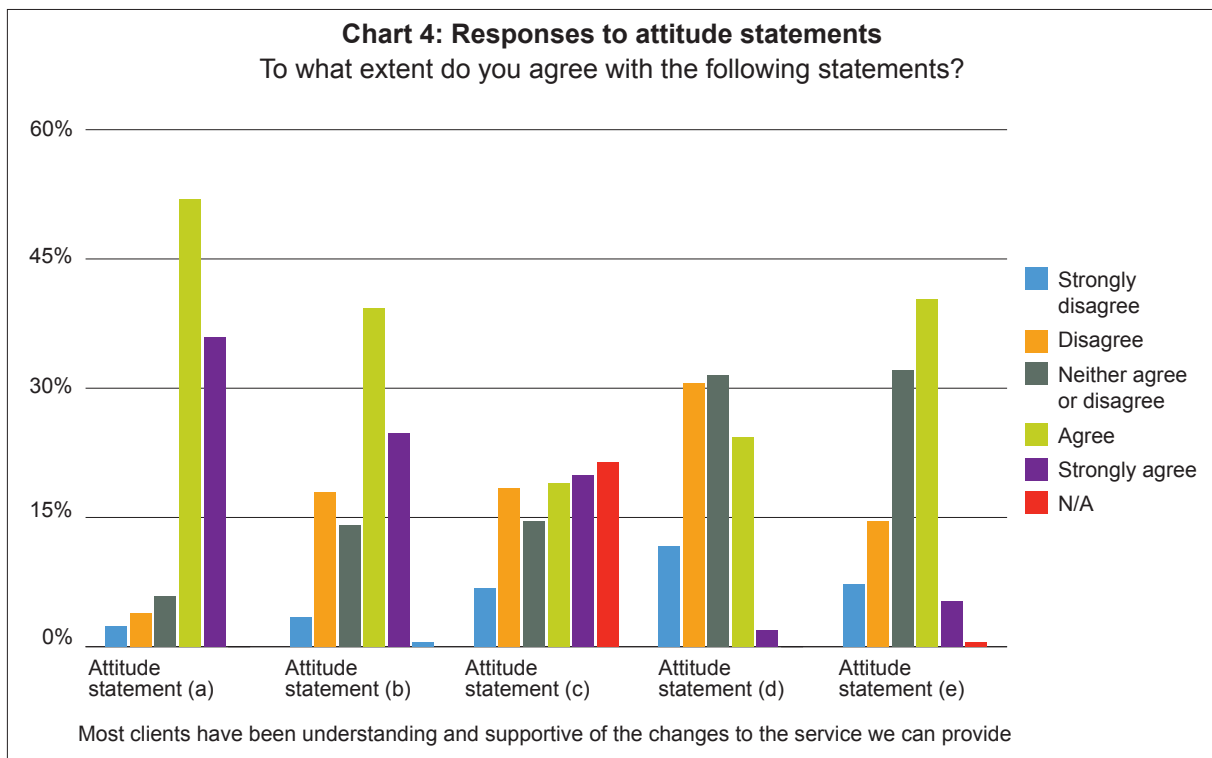
37. The June survey asked several questions about the impact of Covid-19 on extra-mural studies (EMS) placements, and this September survey asked some of these questions again. The majority (82%) of respondents, slightly higher than the September survey's 79%, said that the practice had taken veterinary students on EMS placements before the Covid-19 pandemic.
38. When asked about the approximate number of EMS students they had taken every year, 167 of the 169 respondents whose practice had previously taken students on EMS placements provided a number ranging from one to 100. A calculation of the average (mean) number of students taken each year gives a figure of 6.4 per practice, although this was skewed by the small number of practices taking large numbers and the modal value is much lower, at two. The majority of practices (73%) took between one and five students, while 13% took between six and ten students, 7% between 11 and 20 students, and the rest from 25 to 100 students.
39. When asked if they anticipated being able to accommodate students back on EMS placements within the next six months, 52% said yes and 23% no, but 25% selected 'don't know'. This compares favourably with the June figures, when 34% said yes, 28% no, and 38% don't know.

Attitude statements

40. As in the June survey, respondents were asked to give their views about five statements, ranging from 'strongly disagree' to 'strongly agree'. The statements were:
- a. Most clients have been understanding and supportive of the changes to the service we can provide.
 - b. Staff well-being has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses.
 - c. 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.
 - d. The guidance and support provided by the Government has been clear, timely and appropriate.
 - e. The guidance and support provided by the RCVS has been clear, timely and appropriate.

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

- a. The strongest level of agreement was for 'Most clients have been understanding and supportive of the limitations to the service we can provide': 88% agreed or strongly agreed, and only 6% disagreed or strongly disagreed.
- b. Of concern was that 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': 64% agreed or strongly agreed, and only 23% disagreed or strongly disagreed.
- c. 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, 50% agreed or strongly agreed, while 32% disagreed or strongly disagreed.
- d. Responses to 'The guidance and support provided by the Government has been clear, timely and appropriate' were more negative than positive overall, with 42% disagreeing or strongly disagreeing and a notably lower 26% agreeing or strongly agreeing.
- e. In comparison, responses to 'The guidance and support provided by the RCVS has been clear, timely and appropriate' were notably more positive, with 46% agreeing or strongly agreeing, and a much lower 22% disagreeing or strongly disagreeing.



Final comments

1. At the end of the survey, respondents were given the opportunity to provide comments and suggestions, via a free-text box, and 38% did so. The comments were very varied in terms of topic and degrees to which the respondent was positive or negative about the issue. A small number of themes emerged, and were broadly similar to those raised in previous surveys:
 - a. **Guidance:** Around two-thirds of the comments and suggestions were on the broad theme of guidance, either from the government or, more commonly, the RCVS.
 - i. Comments about government guidance were mostly critical, with complaints about the shifting nature of guidance and lack of clarity which has caused some difficulty to practices.
 - ii. Comments about the RCVS's guidance varied considerably, with some respondents being positive but others critical in various ways. Most asked for clearer, firmer and more timely guidance from the RCVS, with some requesting guidance on specific issues such as making the workplace safe for resuming EMS placements. However, a small number thought there was enough guidance, and would prefer less or none. A small number of respondents thought that the RCVS was not doing enough to provide advice to Scottish vets, as the advice appeared to relate to England and Wales. Comparisons with the British Veterinary Association (BVA) were made, some more favourable to the BVA while others were more favourable to the RCVS.
 - b. **Financial issues:** Around 15% of the comments related to financial issues, mostly criticism that veterinary practices were ineligible to access some forms of financial support; in addition, some respondents would have liked more championing and practical help from the RCVS when trying to access financial support, such as business rates relief.
 - c. Other comments made by a small number of respondents were concerns about remote consulting and prescribing, and comments about specific practices and their clients, e.g. practices being very busy, allowing clients onto the premises for certain reasons only, experiencing increased stress levels, and having clients with varying levels of understanding and expectations.

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

3. 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).

4. Is your main practice premises currently in an area that has gone back into greater lockdown restrictions?
 - a. Yes
 - b. No

5. 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

6. 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

7. 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)

8. 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)

9. 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

10. What percentage of your staff are currently self-isolating or have confirmed cases of Covid-19?

	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					

11. What percentage of your staff are currently in quarantine following returning from an overseas trip?

- a. None
- b. Less than 10%
- c. 10-25%
- d. 26-50%
- e. 51-75%
- f. More than 75%
- g. N/A

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

- a. Yes
- b. No

13. If yes to 12: Was this due to a contact via work?

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

14. If yes to 13: Did any of your staff end up in quarantine 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
15. What 'in-person' services are you currently providing?
- Business as usual
 - Near normal
 - Reduced caseload, including some routine work
 - Emergencies only
 - None
16. How has your current practice turnover changed compared to how it was pre-Covid-19?
- Increased
 - Stayed the same
 - Reduced by 25% or less
 - Reduced by 26%-50%
 - Reduced by 51%-75%
 - Reduced by more than 75%
17. 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
18. 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

19. If (a) and/or (b) to 18: 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

20. If (a) and/or (b) to 18: Do you rent premises?

- a. Yes
- b. No

21. If yes to 20: 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

22. 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%					
11-25%					
26-50%					
51-75%					
More than 75%					
N/A					

23. 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)
24. If you have furloughed staff, what issues has furloughing created? (tick all that apply)
- a. Increased stress or impact on the mental health of teams continuing to work
 - b. Difficulties creating an acceptable rota
 - c. Divisions within teams/ difficulties applying the Scheme fairly
 - d. Impact on the mental health of those furloughed
 - e. Loss of nurse or administrative support/ other expertise
 - f. Lack of clarity about the Scheme/ issues with the administrative burden of the Scheme
 - g. Those on reduced hours paid less than furloughed workers
 - h. Difficulties providing OOH service
 - i. Difficulties providing Branch practice cover
 - j. Concerns about sickness or absence in teams continuing to work
 - k. No or minimal issues
 - l. Other (please specify)
25. Government support: Have you accessed, or do you have immediate plans to access, any Business Interruption Loans?
- a. Yes
 - b. No
 - c. N/A
26. If no to 25: Why are you not accessing the Business Interruption Loans? (free text)
27. 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

28. If no to 27: Why are you not accessing the Self-employment Income Support Scheme? (free text)

29. 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

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

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

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

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

32. If yes to 31: 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%					
11-25%					
26-50%					
51-75%					
More than 75%					
N/A					

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

- a. Yes
- b. No

34. If yes to 33: What percentage of your staff have taken pay cuts?

	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					

35. If yes to 33: On average, what percentage pay cut have your staff taken?

	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					

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

- a. Yes
- b. No

37. If yes to 36: What percentage of your staff have had their hours reduced?

	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					

37. If yes to 36: What percentage of your staff have had their hours reduced?

	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					

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

- a. Yes
- b. No

40. If yes to 39: Why re they working remotely? (tick all that apply)

- a. Employee's choice
- b. Business decision
- c. Due to local lockdown

41. If yes to 39: 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%

42. 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

43. If yes to 42: 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?

44. If (a) to 42: For existing clients/animals only, are you using remote consulting (tick all that apply):
- For triage/advice?
 - For repeat prescriptions for animals under your care?
 - For prescriptions for new conditions?
45. If (c) to 42: For existing clients/animals, are you using remote consulting (tick all that apply):
- For triage/advice?
 - For repeat prescriptions for animals under your care?
 - For prescriptions for new conditions?
46. If (b) or (c) to 46: For new clients/animals, are you using remote consulting (tick all that apply):
- For triage/advice?
 - For repeat prescriptions for pre-existing conditions?
 - For prescriptions for new conditions?
47. Have you had difficulty obtaining any of the following as a result of Covid-19? (tick all that apply)
- Adequate personal protective equipment (PPE)
 - Oxygen
 - Hand-sanitiser or equivalent products
 - Certain medicines
 - General provisions (e.g. paper towels or loo roll)
 - Pet food
 - Necessary products are available, but with delays, purchase limits, or substitutes
 - Necessary products are available but with increased prices
 - No issue obtaining
 - Other equipment/ medicines/ supplies – please specify (free text)
48. Have you had any difficulty in obtaining an independent witness to attest to controlled drugs destruction during the pandemic?
- Yes
 - No

49. If yes to 48: 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
50. Are you allowing clients to come to your premises?
- a. Yes
 - b. No
 - c. N/A
51. If yes to 50: Where are you allowing clients? (please tick all that apply)
- a. Waiting area
 - b. Reception
 - c. Consult rooms
52. Is your practice carrying out home visits, other than for an emergency?
- a. Yes
 - b. No
53. Prior to the Covid-19 pandemic, did your practice take students on EMS placements?
- a. Yes
 - b. No
54. If yes to 53: How many students approximately each year?
55. If yes to 53: Do you anticipate being able to accommodate students back on EMS placements in the next six months?
- a. Yes
 - b. No
 - c. Don't know

56. 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 limitations 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

Comments and feedback

57. 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?