

Comment

Passing the buck

NEW arrangements for the delivery of TB testing and other official veterinary services came into play in Wales on April 1; in England they will take effect from May 1. The APHA posted details of the changes on its website on March 26, in the form of a news story and an information note for farmers and livestock keepers.¹ This left farmers in Wales five days to assimilate the details and start to adapt to the new arrangements; in England, they have a little longer than that but, as the APHA's news story tells farmers, 'In England, the Delivery Partners are currently negotiating with practices that may wish to join their network of subcontractors. Once these networks are set up, you will be able to identify which practices are included.' This seems to be another way of saying that it is still not clear which practices will be involved. Offloading responsibility for the delivery of TB testing was never going to be easy but, even so, the APHA seems to be cutting things fine.

The APHA announced that it had appointed Delivery Partners for the supply of TB testing and other official veterinary services in Wales in January (*VR*, January 31, 2015, vol 176, p 109), and in England in February (*VR*, February 21, 2015, vol 176, pp 183-184), having formally invited tenders for the work in July last year (*VR*, July 19, 2014, vol 175, pp 54, 55). This was despite concerns having been raised previously by the BVA and others about the potential impact of tendering for the provision of such services and whether tendering was the right way to proceed (see, for example, *VR*, February 25, 2012, vol 170, p 190). Under the new arrangements, seven Delivery Partners have been contracted by the APHA to provide quality-assured veterinary services in seven different regions in England and Wales (five in England and two in Wales), with work being subcontracted to local practices.

The extent to which the APHA has transferred responsibility for TB testing to its Delivery Partners is made clear in the news story on its website, which explains to farmers that 'TB Test Notification Letters will now tell you to contact the Delivery Partners to arrange testing. This will continue as a free service and your legal responsibilities remain the same. If you are unhappy with the service you

receive, then you should complain to the Delivery Partner. The new contracts require the Delivery Partners to have a formal complaints procedure and APHA will be monitoring the level and type of complaints received and assessing how the Delivery Partner deals with them.'

The tendering exercise, preliminary details of which were announced by the AHVLA (the APHA's predecessor) more than 18 months ago (*VR*, August 3, 2013, vol 173, p 103), has been a stressful, time-consuming and unhappy experience for many veterinary practices from the start. The speed with which the changes are now being introduced will do nothing to alter that or ease the transition to the new arrangements. It is not just farmers who will have to adapt to the new way of doing things; veterinary practices will have to adapt, too. For practices thinking of providing subcontracted services to Delivery Partners in England, the short timescale leaves very little time to weigh up the practical and financial considerations involved and sort out the necessary contracts.

The APHA has said throughout the exercise that its main purpose has been to ensure the quality of service provided, rather than to cut costs. However, it is implicit in any competitive tendering exercise that costs should be kept as low as possible and, throughout the exercise, the APHA has repeatedly drawn attention to the need to demonstrate best value for money for the taxpayer. As well as transferring responsibility as a result of the tendering exercise, the APHA will, by reducing the amount it spends on TB testing, also be transferring some of the costs to veterinary practices.

In the short term, change on this scale is inevitably disruptive and, while the APHA may feel it has passed the buck, it would be unfortunate, given the tight timetable, if veterinary practices end up taking the flak for any of the problems that seem likely to arise. In its information note for farmers the APHA seems at pains to explain that not too much will change for farmers, other than to suggest that services will improve. It also seems to suggest that not too much will change for veterinary practices either, arguing, for example, that removing TB testing from small veterinary businesses will

not add to existing pressures on practices in the farm veterinary sector and that, while some practices might make a business decision to stop offering TB testing and other services, it expects most vets and practices will continue to provide these services within the new contracts.

Maintaining the relationship between local vets and farmers, which is all important in terms of preventing and controlling disease and ensuring the health and welfare of animals, may well have been one of the aims of the APHA's tendering exercise, but it remains to be seen whether it turns out to be the result. Its information note points out that 'emphasis has been put on the importance of continuing to use small businesses to deliver the work, to help support a sustainable livestock farming industry and wider rural economy' but, ironically, it is small businesses that are likely to be affected most. In the longer term, it seems inconceivable that practices, and the nature of farm animal practice, will remain unchanged. The way veterinary services are provided in the UK has changed significantly in recent years, as discussed in a recent article in this journal by Jonathan Statham and Martin Green (*VR*, March 14, 2015, vol 176, pp 276-280). The new arrangements for the provision of TB testing and other official veterinary services can only speed up that process.

1. www.gov.uk/government/news/apha-publishes-information-on-new-arrangements-for-veterinary-services. Accessed March 31, 2015

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