

04 August 2015



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Moredun welcomes the opportunity to comment on the proposed changes to the DSC makeup within Scotland. We have no specific comments as to the appropriateness or not of the plans for Aberdeen, Inverness and Ayr Surveillance Centres, but we believe the recent consultation should have taken a holistic view of how to develop an optimal surveillance service for Scotland. This opportunity has been missed, and we consider that no changes should be made until the entirety of the surveillance objectives and associated operational issues for future delivery have been addressed.

Moredun's main concern remains the plan to site the centralised diagnostic laboratory on the Edinburgh Royal (Dick) Vet School campus on the Bush Estate. Pentland's Science Park, situated less than 0.5 miles away on the Bush Estate is already home to the Moredun's surveillance activities and also those of the Animal and Plant Health Agency (APHA), Lasswade. There are post-mortem facilities, an incinerator for carcass disposal and specialist diagnostic laboratories already in place, but with ample room for expansion should it be necessary. Moredun and APHA Lasswade already have a relationship which both find mutually beneficial through the sharing of lab space, general resources, and the knowledge and expertise of their staff. Adding a third partner to such an arrangement not only makes sense financially, but should bring benefits to the provision of surveillance across the country as a whole. Initially these could be in the form of a single reception, administrative and sample reporting point for all three organisations thereby introducing efficiency savings from day 1. Further benefits are likely to accrue through time from the sharing of facilities as well as the expertise of staff, ensuring that unnecessary duplication of activities between the three organisations is kept to a minimum. In addition, siting of the centralised surveillance facility at Moredun, would allow access of all tissues and diagnostic materials arising from surveillance to both of the Scottish veterinary schools. This could be combined with existing post-mortem facilities at both veterinary schools, and elsewhere, making maximal use of important materials and educational opportunities. Moredun believes that this remains the best way forward for providing a modern efficient surveillance system that will meet the needs of the farming industry across the whole of Scotland in the 21st century.

The Scottish Government supports both Moredun and SRUC through its RESAS-funded Strategic Research Programme, where collaboration and joint use of facilities are actively encouraged. This should also be the case with the surveillance budgets, in Moredun's view. It is particularly important the existing scientific infrastructure is not replicated, irrespective of who pays for it. This is a major issue to be addressed by the combined Animal and Plant Disease Strategy (Animal and Plant Health in the UK: Building our science capability – Government Office for Science / DEFRA), who wish to ensure a joined up approach to preventing and controlling infectious disease outbreaks across the UK. Should SRUC really believe that a new facility needs to be built (Moredun strongly disagrees with this), then Moredun would be in a position to build a new facility for SRUC, although, as with all other tenants, that investment would be rentalised over a period of time to ensure sustainability of the activity/investment.

On a more specific area, Moredun wishes to express our general concerns about possible consequences of the move to requisitioning future submissions from private veterinary surgeons with regards to the quality and quantity requiring neuropathological examination. Removal of the



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intact brain and/or spinal cord is necessary for the accurate diagnosis of a number of conditions such as delayed swayback, spinal abscesses, Schmallenberg and developmental conditions including abortion, both infectious and non-infectious. Successful removal of the tissues, without damaging them, requires expensive, specialist, bone cutting and skull splitting equipment as well as specialist knowledge on the part of the veterinary surgeon. Such specialist equipment, training and knowledge currently resides with the DSCs and their veterinary officers and we are concerned that the private veterinary surgeons who will be expected to replace the current provision of services will require extensive training to develop this specific expertise. This would be in addition to the general post-mortem skills CPD training already outlined in the consultation document as being required by the private veterinary surgeons. Provision of such training would be a further additional cost to that of the post-mortem skills training. Two scenarios are imagined: 1. a relatively greater number of PVSs will require this training leading to increased costs of training or; 2. the cost of equipment and the time taken to become competent at the successful removal of these tissues would be a disincentive, leading to a reduction in submissions of such material. We would seek assurances that all measures are taken to ensure the current high standards of such submissions are maintained in the future.