BVA-BCVA RESPONSE TO THE CONSULTATION ON THE DRAFT STRATEGY FOR ACHIEVING “OFFICIALLY BOVINE TUBERCULOSIS-FREE” STATUS FOR ENGLAND

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom and has over 13,500 members. Its primary aim is to protect and promote the interests of the veterinary profession in this country, and it therefore takes a keen interest in all issues affecting the veterinary profession, be they animal health, animal welfare, public health, regulatory issues or employment concerns.

2. The British Cattle Veterinary Association (BCVA) is a specialist cattle division of the BVA comprising 1,250 members, of whom approximately 950 are practising veterinary surgeons working with cattle in farm animal veterinary practice.

Executive Summary

3. BVA and BCVA welcome the opportunity to contribute to this consultation. The document represents a new way of looking at the disease and we are pleased to note the development of area-based strategies that recognise the need for specific and differing approaches in endemic and edge areas. We are particularly pleased that for the first time, the government is setting itself, the industry and the veterinary profession, specific targets, which we believe will help focus efforts.

4. We consider that animal health expenditure has already been severely cut over the last few years, and should now be maintained, even though we welcome the opportunity to change the way in which those funds are distributed.

5. While we welcome a Strategy designed for England, we would stress the importance of coordination with the devolved regions. Great Britain is a single epidemiological unit and all countries should work together to combat bovine TB (bTB).

6. We are pleased that the consultation has referred to bTB eradication as the long-term goal. We have long argued that there is no single measure that can effectively tackle bovine bTB, and so we are pleased that this strategy takes a holistic approach and draws together all of the available tools in the toolbox.

7. Bovine TB cannot be tackled effectively without addressing the challenge posed by the reservoir of the disease in wildlife, and we are reassured by the AHWBE’s and Defra’s stance, and the Government’s continued commitment to controlling the disease in badgers.

8. As we have previously stated, simply shifting the responsibility of who pays for disease control/surveillance will not achieve the long-term objective of bTB eradication without adopting
an effective, broad, holistic and integrated control programme; this is ultimately the best way to achieve savings to government, the tax payer, and most importantly the broader industry.

9. Whilst we fully acknowledge the budgetary constraints that Defra/AHVLA are operating under, it should be recognised that disease control programmes require close involvement and collaboration between all stakeholders and inevitably require periods of short to medium-term investment if longer term gains are to be realised. This longer term approach should be recognised and adopted.

10. We firmly believe that the local veterinary surgeon has an integral role in the wider bTB programme, and specifically in the provision of timely and appropriate bTB risk mitigation and biosecurity advice. We welcome the reference to such service provision in the Strategy and have provided an outline of TB Plus in the attached Annex C to Enclosure 1.

11. Choice is integral to the acceptability of change. Any individual farmer should be able to choose a comprehensive animal health service that includes bTB services and control alongside all other disease control provision. Separation of bTB from the provision of animal health services provided by a farmers’ own vet could reduce or even remove the choice for the cattle farmer.

12. We believe that following key principles are at the heart of supporting cattle health and welfare in Great Britain:
   
i. Disease control throughout Great Britain should be integrated and not fragmented.
ii. The parallel degradation of livestock veterinary infrastructure both within the state and the private sector should be avoided.
iii. There should be proper and full consideration of the implications of change, rather than a focus solely on cost.

13. We understand that it is the Government’s intention to proceed with a programme of tendering for the delivery of bTB testing, and although we have opposed tendering on a number of grounds and significant concerns remain regarding ‘unintended’ consequences, we are aware of the pressure on Government to deliver a new and affordable system at a time of severe financial constraints. We believe that a fresh approach is required that has broad stakeholder engagement, facilitates the generation of additional funding and income streams and provides safeguards so that finances are secured for the benefit of industry.

14. Although we recognise the efforts of AHVLA to include some consideration of the importance of small businesses within the proposed tender specification, we are still concerned about the potential impact of procurement on local veterinary businesses, and in particular, the risk that they could be disenfranchised from any involvement in the delivery of bTB eradication. This would mean that local veterinary businesses might not be afforded the opportunity to work in partnership with Government as the outlined Strategy envisages.

15. We are also deeply concerned about the impact of diminished local veterinary contact on other disease surveillance and control programmes and cattle welfare. The impact of the loss of local veterinary-farmer contact on farmer welfare, particularly on remote premises, which have infrequent veterinary visits, is an additional concern. Such an impact could also result in adverse consequences on human health at a time when there is broad agreement that effective control of animal diseases ensures the application of the One Health concept for the public good.
16. These factors should be taken into consideration (including through a risk assessment of 'unintended consequences') when progressing the Veterinary Delivery Partnership Project, and we urge the Government to do as much as possible to ensure that a holistic approach is developed that makes best use of the farmer:vet relationship when seeking to deliver bTB risk mitigation advice and enhanced veterinary services, such as TB Plus. Tangible examples of the benefits of facilitating such engagement through the recent RDPE funded Bovine Viral Diarrhoea (BVD) initiatives are included in Annexes A and B to Enclosure 1.

17. We remain sceptical that longer-term budgetary savings can be achieved without a bold, visionary approach with a clear focus on:
   i. The integrated management of endemic disease in the National Herd.
   ii. The utilisation of local veterinary knowledge and expertise on an earned recognition basis.
   iii. Policy decisions that facilitate knowledge exchange and integrated management.
   iv. Industry having a direct input at a strategic level – if industry is expected to contribute more to the costs of disease surveillance and control, it is right that they have a direct, ‘formal’ input to strategy.

18. As such, BCVA has developed a proposal for a not-for profit industry body, Animal Health England, to oversee animal health and welfare for England. Key drivers for the implementation of such a body include the acknowledged need for a National Database, the implementation of enhanced bTB risk mitigation measures through Risk Based Trading –both key recommendations of the Risk Based Trading Group – and the need for co-ordinated delivery of other endemic disease control programmes, specifically BVD.

19. The BCVA has canvassed opinion and held discussions with a wide variety of stakeholders, representative groups and cross-sector animal health bodies including the NFU, AHDB, CHeCS and veterinary groups. There is significant support in principle with further discussions and meetings scheduled in the coming weeks.

20. A more detailed overview of the proposal is attached at Enclosure 1 and we would welcome the opportunity to progress the proposal further with Government and its agencies as a matter of some urgency considering the imminent changes to the veterinary delivery landscape.

Detailed Comments

Cross-cutting measures

Risk-based trading

21. When seeking to influence behaviour, it is of crucial importance to understand what drives certain behaviours and the key motivators for change. The working relationship between farmer and local vet is vitally important in that regard, as witnessed by the engagement with recent RDPE funded initiatives [see Annexes A and B to Enclosure 1].

22. BVA and BCVA are fully supportive of the on-going work of the Risk Based Trading Group. The principles of risk-based trading are not unique to bTB and the scheme could usefully be employed for many diseases and conditions.
23. Risk-based trading can only work if measures are put in place, such as greater targeting of surveillance or links to compensation, to underpin the process and mitigate the risks being taken by farmers. More information as to how to this might be achieved is outlined below and in paragraphs 35 and 36.

24. In our response to the AHWBE’s call for views on strengthening the bTB programme in 2012, we recommended assigning a risk status to herds selling and buying in cattle to improve the understanding of risk-based trading. We therefore welcome the development of a statistical model to provide a risk profile or rating for every cattle herd in the country by a team within AHVLA. Whilst such work is of great importance in identifying risk factors, we consider it essential that it feeds in to a defined herd risk assessment under the direction of CHeCS, rather than be used to define the risk rating in isolation.

25. The key proposals of the Risk Based Trading Group for encouraging the provision of TB related information at the point of sale and the need to improve farmers understanding and awareness of the risk of bTB and what they can do to mitigate any such risk are crucial. A scheme as outlined above could be used to support such risk-based trading decisions.

26. It will be important to ensure that all farmers are made aware of the benefits of risk-based trading and that they have the option to improve their risk rating e.g. through the adoption of good biosecurity practices or post-movement testing. This will be integral to wider acceptability of the scheme and should be covered in the best practice buyer and seller guidelines mentioned in the Strategy, which should be made widely available to farmers.

27. The CHeCS Johnes module is an excellent example for assigning a ‘risk rating’ or disease status for a herd either in the presence or absence of disease. Assigning a herd status in the presence of infection would crucially provide an option for farmers in endemic areas as well as those with a number of years free of bTB (OTF-F).

28. Engagement with such a health assessment and accreditation programme either in part or in full should be rewarded or given credit to encourage active participation.

29. Although we acknowledge that the development of a database to support the risk-based trading scheme is not a quick and simple task, and we support a phased in introduction of risk-based trading measures in the interim, we do feel that the development of such a database is essential to underpin risk-based approaches throughout the country and should be progressed as soon as possible.

30. As outlined in more detail in the attached proposal in Enclosure 1, such a database would require significant funding, and we consider the proposed body ‘Animal Health England’ as an effective means of facilitating such an overdue development.

Biosecurity

31. Improving on-farm biosecurity is an essential part of the Strategy and will be particularly important in the Edge and Low Risk Areas. It is important that provision of biosecurity advice and implementation of biosecurity measures, whilst based on first principles of disease control, should be as evidence-based as possible. In that context, we would recommend that further research be conducted to assess the impact of current biosecurity measures on bTB risk and the duration of breakdowns, and the results incorporated into enhanced guidance for farmers. Such work could
focus on the short, medium and longer term impacts in relation to Welsh biosecurity work of the last few years.

32. Although the strategy mentions providing advice to farmers, it does not cover advice to vets. Vets should also be provided with the latest advice and training in relation to biosecurity as they will be in the best position to advise local farmers. Veterinary associations, such as the BVA and BCVA, could assist in disseminating this guidance to their members. The Welsh Government pilot, Cymorth TB, and TB Plus are excellent examples of how such contact could be facilitated to add read value to the private veterinary sector in bTB service provision.

33. Where there is a clear demonstrable link with the risk of disease spread we support the use of compensation to reward risk reduction and to penalise risky practices in relation to compliance with statutory obligations, or in time, in association with best-practice on evidence-based biosecurity (e.g. risk-based trading).

34. As noted above, trading practices should impact upon the frequency of surveillance, and could be linked to financial cost-sharing based upon risk, with credit given to the adoption of good practice or engagement with endemic disease control programmes.

35. In relation to financial cost sharing (or contributions to the bTB programme):
   
   i. Such a principle has already been established in that individual actions, such as allowing a test to go overdue, are already linked to compensation should a breakdown subsequently occur.
   
   ii. Riskier trading practices could be linked to individual livestock keepers ‘absorbing’ some costs associated with such actions e.g. reduced compensation should a breakdown occur.
   
   iii. The Welsh Government has already adopted the principle of reducing compensation should farmers continue with unacceptable high risk practices or if they fail to adopt recommendations contained within ‘improvement notices’. Where these have been used farmers have complied such that there has to date been no reduced compensation as a consequence of non-compliance demonstrating the value of such ‘carrot and stick’ approach.
   
   iv. Contribution to costs of routine testing could be required should a keeper choose to source stock from high risk areas. Such a precedent already exists with post-movement testing and some other ‘check’ testing in Scotland.

36. With regard to rewards, the aim should be to link the adoption of responsible behaviour, good trading practice and engagement with disease control and surveillance (under the umbrella of CHeCS guidance), to a reduced obligation or requirement to contribute towards bTB testing and the wider bTB programme.

   i. This could be as simple as linking breakdown compensation to compliance with certain ‘good’ biosecurity practices such as post-movement testing as proposed by the Risk Based Trading Group.
   
   ii. It could be used to encourage uptake of risk-based trading good practice with ‘credit’ given to those that adopt CHeCS guidelines.
iii. Compliance with ‘low risk trading guidelines should be linked to reduce burden of
testing and regulation.
iv. This could incorporate other endemic disease control programs that will ultimately
benefit both the individual business and the sector (and wider society) as a whole.
v. Compliance with welfare obligations for animals under the care of any livestock
owners.

Tackling TB in non-bovine species

37. Tackling TB in non-bovine species is an important and welcome element of the strategy,
particularly when bTB is being increasingly diagnosed in other species. We have previously
responded to the Welsh Government on bTB in non-bovines and our response can be found at:
http://www.bva.co.uk/Consultations/Documents/BVA_response_to_the_WAG_consutlation_on_b
TB_in_non-bovines.pdf.

38. We remain particularly concerned about the potential risk of disease transmission from South
American Camelids to humans due to the extensive and aggressive pathology of the disease in
these animals. Although we note that the few cases where there has been camelid to human
transmission have usually occurred where an individual has been in regular and prolonged
contact with a herd, we are concerned that the zoonotic risk exists as demonstrated by these
cases; sometimes with other species the route of risk is unclear e.g. the recent instances of bTB
in domestic cats.

39. We would support a system of voluntary risk-based testing for camelids, i.e. pre-movement
testing and the testing of stud animals, and note the Government’s plans to work with the sector
to encourage voluntary pre/post movement testing.

Low Risk Area (LRA) Strategy options

40. We support the preferred LRA options outlined in the Strategy and would like to make a number
of comments.

41. We note that stricter biosecurity conditions for Assured Finishing Units (AFUs) in the low risk
areas have already been introduced, e.g. no grazing AFUs in the LRA. There is a need to ensure
that AFUs are stimulated as low risk closed corridors to keep industry working, as at the minute
many do not apply to be an AFU and buy in high risk cattle and graze them. The encouragement
of the uptake of AFUs, especially for those moving large numbers of cattle for fattening, could be
a good thing in the LRA.

42. The adoption of Post Movement Testing for cattle residing more than 120 days, as per the
Scottish approach, for those cattle not destined for AFUs would also be beneficial.

43. In relation to additional surveillance testing for herds regularly importing stock from the HRA, we
note that the Risk Based Trading Group’s recommendation prioritised breeding cattle for the
initial roll out of market awareness. However, grazing steers are also an issue and it is important
that these are included as soon as possible.

44. We support the establishment of voluntary local eradication boards to co-ordinate progress to
OTF status. The poor coordination and the fragmented nature of regional delivery has been a long standing concern of the BVA and BCVA and we consider such boards as an important step to improving that integration and coordination. In that context we consider it essential that the boards have representation from government agencies, local farmers and local vets. In addition such boards should have very close links with a national body to ensure consistency of approach and the avoidance of unintended consequences. Again, we consider such developments entirely consistent with our proposal for Animal Health England.

45. We feel that badger vaccination could also be considered for use in new hotspots within the LRA if there is a significant badger population.

**Edge Area Strategy**

46. Again, we are supportive of the preferred options, but would like to make a number of comments.

47. Targeted, risk-based surveillance for *M.bovis* in badgers (for example, through a Road Traffic Accident survey) is important to understand the background prevalence of bTB, where the ‘edge’ really is and how it is moving. We do not believe that we can solely rely on the use of cattle as a sentinel population for this.

48. We feel that enhanced epidemiological investigations for bTB breakdowns would be particularly useful, and that consideration should be given to making best use of local veterinary surgeons as outlined in TB Plus (Enclosure 1 Annex C). Such information should be routinely made available to veterinary practices.

49. In practice, we think that additional surveillance in a 3km radius around OTFW breakdowns, with 6 month follow-up testing of clear herds within the Edge Area would be difficult, as nearly the whole area would be covered by coalescing 3km areas. It would be beneficial to see the modelling used to assist in this decision making.

50. We are pleased to see encouragement for local badger vaccination as part of the edge area strategy, but stress that if vaccination is to be used a consistent and co-ordinated approach overseen by a central group will be important. Although we feel that there are limitations with the current vaccine, we do agree that vaccination of badgers can usefully be used in the edge area, alongside other control measures, to mitigate the spread of the disease into the LRA.

**High Risk Area (HRA) Strategy**

51. Once again, we agree with the Strategy’s preferred options. We note, however, that in the HRA, the strategy makes reference to local eradication strategies as opposed to local eradication boards which are proposed in the Edge Area and LRA. We believe that in addition to local strategies, local management boards have a role to play in the HRA.

52. The enhanced use of depopulation and controlled re-stocking of herds with ongoing and recurring breakdowns should only be implemented once wildlife controls are in place. Without such controls it will be difficult to prevent the infection of a re-stocked herd when there is a reservoir of the disease in wildlife. The decision making process for depopulation should be open and more inclusive, respecting the fact that farmers have a life, a business and families to support. This option should be used to create clarity and allow the continuation of a farming business.
Developing New Tools

53. As alluded to above, although the Strategy considers balancing costs, we feel strongly that the programme should not be used to cut overall government spending, and that any savings made in the costs of testing should be put back into other aspects of bTB R&D or control, or into other animal health or welfare issues e.g. exotic disease prevention, public health etc.

54. We urge Defra to continue to support the current research programme and ensure it is kept under review in order to adapt to changing circumstances. Research into the best use of current diagnostic techniques and the development of new diagnostic techniques is of the utmost importance, as is the further development and deployment of vaccines for the control of bTB in both cattle and badgers.

55. We feel that it is extremely important to further investigate alternative humane sett-based culling methods and also non-lethal methods of population control (such as reproductive control), and we welcome the fact that these are considered in the Strategy. It is also important to develop PCR technology and sett side diagnostics that might allow a refined and more targeted approach to culling.

Research into genetic resistance

56. Any improvement in the selection of cattle that reduces susceptibility to bTB is to be encouraged, although we note that current research has shown that it is unlikely that genetic selection of cattle on its own will be a major element in the eradication of bTB. It is also important to acknowledge that although selection may reduce susceptibility to bTB, this is not necessarily the same thing as reducing the ‘infectiousness’ of the animal.

Governance, Delivery and Funding

57. We have already covered, in some detail, our views on governance, delivery and funding. However, in addition to the information included above and in the attached proposal we would like to note the following.

58. The Strategy mentions extending the use of approved lay TB testers as part of exploring alternative delivery approaches. For information, in April 2013, BVA adopted a position on Lay TB testing, which is as follows:

   i. BVA believes that there is a role for lay TB testers as part of a veterinary-led team, under veterinary direction.
   ii. How and whether that role is utilised should be a matter of choice for practices and would be based on individual circumstances and business plans
   iii. All Lay TB Testers must be appropriately trained, regulated and subject to standards of Quality Assurance.

59. BCVA also support this position.
BCVA Ltd

President: J M E Statham, MA, VetMB DCHP MRCVS
Hon Sec: G O Hateley, MA, VetMB CertCHP MRCVS

BCVA proposal for not-for-profit industry body – Animal Health England

1. The British Cattle Veterinary Association (BCVA) is a specialist cattle division of the British Veterinary Association comprising 1,250 members of whom approximately 950 are practising veterinary surgeons working with cattle in farm animal veterinary practice.

2. BCVA have responded to the consultation on the Draft Strategy for Achieving “Officially Bovine Tuberculosis-Free” Status alongside the British Veterinary Association. As part of that response, BVA and BCVA have referred to a proposal for a not-for-profit industry body overseeing animal health and welfare for England. More detail about this proposal can be found below.

Animal Health England:

3. We are proposing a not-for-profit industry body overseeing animal health and welfare for England.

4. We believe that such a body would encourage better working relationships and enable true partnership between all relevant stakeholders against the backdrop of comprehensive spending review pressures on the Animal Health and Welfare budgets of England and Wales.

5. The proposal is made in the acknowledgement that Government and its agencies need to find cost savings but with the key objective of meeting our mutual Animal Health and Welfare obligations and enhancing our endemic disease control and surveillance programmes, rather than risk weakening what has served the UK well over decades.

6. Animal Health Ireland and Animal Health Australia are both industry-led not-for-profit partnerships between livestock producers, animal health advisors and government.

7. We acknowledge the reference to Animal Health New Zealand in the consultation but feel any such collaborative body must also include broader veterinary representation to ensure coordinated delivery. No country is the same and the level of bTB in the UK requires broad support and inclusion of all stakeholders, including the wider veterinary profession, if we are to meet the stated objectives. There is a significant risk that such broad based support will be lost at the current time.

8. An industry body would be directly accountable to its individual members and have a responsibility to ensure choice and value for money for the taxpayer, farmers, vets in practice and government. Such inclusivity would more likely gain confidence and support from the sector and the taxpayer against a backdrop of what could be perceived as TB policy failure over the last decade.

9. Key drivers for the implementation of such a body include the acknowledged need for a National Database, the implementation of enhanced bTB risk mitigation measures through Risk Based Trading – both key recommendations of the Risk Based Trading Group – and the need for co-ordinated delivery of other endemic disease control programmes, specifically BVD.

Enclosure 1
Objectives of ‘Animal Health England’:

10. Whilst our proposal focuses on England, such a body could be adopted in similar fashion by the devolved administrations.

11. To develop an Animal Health System with a core objective of improving the health status of the national herd.

12. To facilitate and develop collaborative partnerships between government, industry and wider stakeholders including the veterinary profession to oversee and implement a range of projects and programs with this common objective.

13. It could function to serve all livestock areas or animal health sectors.

14. Underpinning such a strategy would be the development of a national database (similar to that developed by Animal Health Ireland) as has been recommended by the Risk Based Trading Group in its recent report submitted to Defra and presented to ministers. Such a database would require significant investment and as such we consider our proposal an effective means of ensuring broad industry collaboration to facilitate that long overdue development.

Broad objectives of Animal Health England:

15. The broad objectives of Animal Health England would include:

   a. Safeguarding public health.
   b. Ensuring a robust surveillance network.
      - Maintaining freedom from exotic disease.
      - Early identification of new and emerging disease threats.
      - Ensure appropriate levels of veterinary expertise and a high level of disease preparedness.
   c. Welfare.
   d. Engage farmers and veterinary surgeons in a more holistic view of endemic disease control and eradication (including TB).
      - bTB would be considered within the broad remit of endemic disease control, not in isolation nor separated from other animal health considerations.
   e. Improving overall national herd health.
   f. Re-defining the future of animal health surveillance in a world of constrained public funding.
   g. Safeguard national food security.
      - Food security benefits as national herd more productive.
   h. Greenhouse gas/environmental impact mitigation through greater control of endemic disease in national herd.
   i. Commercial/economic pump-priming effect of:
      - Improved health on farm businesses.
      - World leading veterinary input to production disease management also promoted.
      - Providing safeguards against diminishment of veterinary workforce and assurance of sufficient experienced veterinary capacity in case of major disease and food production threats.
• Ensuring the provision of private veterinary surgeons’ engagement in surveillance.

k. Enhance productivity and profitability of livestock, food production and processing industries.
l. Enhance quality and image of livestock, food production and processing industries.
m. Global trade benefits.
n. Ensure allocated and appropriated funds are retained within the industry.
   • All generated funds would be ring fenced for re-investment to the direct benefit of the industry.
o. Full consideration of the impacts and avoidance of unintended consequences of changes in policy or implementation of strategy on the broader livestock industry.

Local objectives of Animal Health England:

16. A core objective of facilitating and promoting farmer: local vet engagement would underpin progress and the success of Animal Health England. Examples of the benefits of such an approach are clear when considering the uptake and engagement of RDPE funded initiatives such as the South West Healthy Livestock Initiative. The projects have worked with the key principle of co-funding. The cooperation and collaboration between vets, Duchy College, livestock advisors, dairy suppliers and farmers have been integral to the progress made. A summary of some key facts of the South West Healthy Livestock Initiative are attached in Annex A clearly demonstrating the real value of the facilitation and making best use of such working relationships.

17. Enhanced knowledge transfer, understanding and uptake of endemic disease surveillance and control programmes.

18. Enhance profitability and sustainability of individual livestock farms.

19. Full consideration of the impacts and avoidance of unintended consequences of changes of policy or implementation of strategy on the individual farm enterprise.
   • Separation of bTB from the provision of other animal health and endemic disease considerations could diminish the likelihood of a farmer obtaining a comprehensive and integrated animal health veterinary service and could actually reduce choice for the cattle farmer.
   • The benefits of local veterinary involvement should be utilised to ensure best value for money.

Animal Health England Governance:

20. Both Animal Health Ireland and Animal Health Australia function with representation from relevant stakeholder organisations or associations. We see strong parallels between how these not for profit companies function and what we are proposing for England. Example of representative bodies might include the following:
   • Defra, AHVLA, CHeCS, AHDB, BVA/BCVA, NFU, CHAWG, Universities.

21. Board members would play an integral role in the development and implementation of all programs with the collaborative approach critical in developing actual meaningful working ‘partnerships’ between government and industry bodies.
• Examples of recent initiatives regarding bTB are numerous but often suffer from lack of coordination, integration and inclusivity. There is a real need for coordinated delivery that would be of real benefit across all facets of endemic disease control.

22. A single body that can define objectives, set targets, provide clear unambiguous direction to those responsible for delivery and that can monitor and assess adequacy of implementation would be hugely beneficial to industry.

23. The company would be led by an independently selected Board of Directors with the requisite skill sets to ensure the efficient day to day functioning but who would be responsible to the company members.

**Funding:**

24. The precise funding mechanism would need to be determined but would work to the principle of financial support from across the industry matched by government to achieve shared aims and objectives.

25. Potential funding routes could be as outlined below. Examples of each type of funding route exist either in the UK or within other countries.

• Government would contribute to Animal Health England in acknowledgement of its obligation to funding services that are for the public good (as outlined in Paragraph 34 below).

• Board membership subscriptions – Animal Health Australia and Animal Health Ireland both receive proportional funding from membership associations.
  o This allows for choice at both the individual level and at the member association level to participate.
  o Credit through reduced contribution to specified programs and surveillance could be given to members.

• Payment at the point of delivery for implemented endemic disease control programs.
  o Individuals would have the choice to participate thereby reducing the requirement for additional contributions or pay for services in full.

• Levies – a proportion of levy revenue could be directed to facilitate implementation of disease control and animal health initiatives program as happens currently.

• RDPE and other European funding routes could be accessed and utilised to best effect. Examples of the real benefits of these funding routes are contained in Annexes A and B.

• Consideration of the possibility of a ‘retailer’ levy should be made. At a time when retailers are increasingly focusing on animal welfare and disease control as requirements of their suppliers, the possibility should be fully and properly considered.

26. Whilst the objectives would be to encourage responsible and good management and trading behaviour, individuals would have the option or choice of participation in initiatives thereby earning ‘credit’ or reducing any effective financial contribution. Others may well choose to opt out of full membership or participation in initiatives thereby paying full cost for those disease control programmes that they are either required to be a part of (statutory) or opt to participate in on an ad hoc basis.

**The current challenges for delivery of the TB Programme:**

**Financial Considerations:**

4

Enclosure 1
27. A procurement specification that defines an upper limit for TB spend per head whilst transferring administration, quality assurance, audit and training, should reduce cost to Government whilst at the same time moving costs to private sector delivery.

28. It is clear however that this will only achieve a small proportion of the required Defra budget reductions in TB spend overall.

29. It is likely that some transference of cost of delivering the TB programme will have to be passed on to industry.

30. It is essential that in the context of cost sharing or transference, farmers are given the option of choice.
   - This could be as simple as linking trading behaviour to scales of contribution to testing programmes or compensation.
   - Linking full or partial engagement with additional initiatives or disease control programmes to offset contributions to statutory control programmes e.g. engagement with TB risk mitigation under CHeCS direction or engagement with a national BVD eradication program.

31. It should be made clear, however, that without appropriate measures for dealing with the TB infection in wildlife we believe that any form of cost transference would meet with considerable opposition. We believe that TB cannot be tackled effectively without addressing the challenge posed by the reservoir of the disease in wildlife, and we are reassured by AHWBE’s and Defra’s stance and the Government’s continued commitment to a policy of badger control.

32. Whatever is considered in future bTB control strategy with regard to any possible cost transference, it is critical that a full risk analysis and impact assessment is performed before any final decisions are taken.

33. When considering what might be an appropriate division of cost and responsibility, due consideration has to be given to what could be defined as for the public good and what is private responsibility.

34. Public Good functions comprise:
   - Public health
   - Food security
   - Global trade
   - Surveillance
   - Welfare
   - Environment.

35. With those principles in mind, the following should hold true:
   - Government should pay for all TB breakdowns as a public good function. There should be no cost to the farmer in those circumstances with the possible risk based exception as outlined below.
   - Evolution of policy and delivery should be risk based in line with strategy proposed in the Defra consultation (High risk, Low risk and Edge).

36. Private responsibility
   - Individual business management decisions should have a bearing on apportionment of any cost sharing proposals. It is essential however that any such implementation should offer ‘carrot and

Enclosure 1
stick’, should not impose excessive financial burden, and should give due regard to the challenges posed to livestock keepers in the west of the UK due to the wildlife reservoir of infection.

37. With those caveats and principles in mind, the following should be considered:

The stick:

38. Trading practices should determine frequency of surveillance and could be linked to financial cost-sharing based upon risk with credit given to adoption of good practice or engagement with endemic disease control programmes.

39. Financial penalties or contributions to Tb programme:
   - Such a principle has already been established in that individual actions, such as allowing a test to go overdue, are already linked to compensation should a breakdown subsequently occur.
   - Riskier trading practices could be linked to individual livestock keepers ‘absorbing’ some cost associated with such actions e.g. reduced compensation should a breakdown occur.
   - The WAG has already adopted the principle of reducing compensation should farmers continue with unacceptable high-risk practices or if they fail to adopt recommendations contained within ‘improvement notices’. Where these have been used farmers have complied such that there has to date been no reduced compensation as a consequence of non-compliance demonstrating the value of such a ‘carrot and stick’ approach.
   - Contribution to costs of routine testing could be required should a keeper choose to source stock from high-risk areas. Such a precedent already exists with post-movement testing and some other check testing in Scotland.

The carrot:

40. Aim to link adoption of responsible behaviour, good trading practice and engagement with disease control and surveillance (under the umbrella of CHeCS guidance), to a reduced obligation or requirement to contribute towards TB testing and the wider TB programme.

   - This could be as simple as linking breakdown compensation to compliance of certain ‘good’ biosecurity practices such as post-movement testing.
   - It could be used to encourage uptake of risk-based trading good practice with ‘credit’ given to those that adopt CHeCS guidelines.
   - Compliance with ‘low risk trading guidelines should be linked to reduce the burden of testing and regulation.
   - This could incorporate other endemic disease control programs that will ultimately benefit both the individual business and the sector (and wider society) as a whole.
   - Compliance with welfare obligations for animals under the care of any livestock owners.

Veterinary Roles and Responsibilities:

41. Irrespective of the cost apportionment and procurement process, there is no doubt that the biggest savings will be accrued by reducing the prevalence and incidence of bovine TB.

Enclosure 1
42. This requires a broad ‘inclusive’ industry based approach with disease reduction and ultimately eradication as core objectives.

43. We have highlighted specific proposals which will provide an ‘enhanced’ level of private sector veterinary service delivery and offers improved efficiency, whilst reducing both direct and indirect costs to Government.

They focus on the core principles:

44. Core aim of disease reduction **within** broader endemic disease control package.
   - Integration of endemic disease control strategy rather than separation and fragmentation.

45. Risk based trading is applicable to **all** endemic diseases.

46. Aim to make best utilisation of the local veterinary business in the TB programme.

47. Acknowledge the importance of veterinary input at farm level allowing for adoption of additional control options as they are implemented or become available, *e.g.* risk based trading, vaccination.

48. Linking adoption of responsible behaviour, good trading practice and engagement with disease control and surveillance (under the umbrella of CHeCS guidance), to a reduced obligation or requirement to contribute towards TB testing and the wider TB programme.
   - The recent granting of TB free status to Scotland is an example of linking trading practices to contribution to a disease surveillance program. Provided such linkage is carefully managed so as not to distort markets and assure opportunities to trade, one could expect initiatives to have a positive impact on trade in the longer term, with compliance with ‘good trading behaviour’ increasing as herds aspire to improve risk rating.

49. Facilitate engagement of OV in TB risk mitigation as part of TB plus.
   - Such involvement could be facilitated on a similar basis to recent RDPE funded initiatives such as South West Healthy Livestock Initiative and AHDB BVD initiatives referred to in annexes A and B.

50. Incorporation of aspects of TB plus in ‘risk based trading’.
   - Involvement of the profession in delivering herd TB risk status under direction of a CHeCS bTB scheme.
   - Aspiration of reducing TB risk and therefore TB prevalence or incidence.

**The value of veterinary involvement:**

**Principle Objective:** Empower the private veterinary sector on an earned recognition basis to deliver disease surveillance and control.

**Active and passive bTB and broader Disease Surveillance.**
51. It is important to focus on the benefits of a trusted relationship between vet and farmer rather than look at the perceived risks of any conflicts of interest.

52. We firmly believe that expanding the use of such service provision must be linked to the engagement in the routine surveillance and other OV services.

53. There is a significant risk that disenfranchising local veterinary service delivery would reduce the likelihood of engagement with other expanded roles and could actually reduce the opportunity for farmers to benefit from inclusive animal health service provision.

54. The BCVA have indicated a willingness to incorporate the use of ‘lay testers’ under the direction of local veterinary businesses.

**Enhanced Integrated Veterinary Service Delivery - TB Plus Programme**

55. It is important to state that there is a need for careful consideration of coordination with devolved administrations, in particular Wales due to similar TB prevalence, local disease issues and the importance of cross-border integration of service delivery.

56. The BCVA welcome the pilot for enhancing the role of the OV in TB case management in Wales (Cymorth TB) and the reference to TB plus both in the Defra consultation and at the recent supplier meetings hosted by AHVLA. We have previously presented detail on TB plus and include this in Annex C.

57. It is envisaged that the local veterinary practice could deliver such services more cost-effectively than AHVLA, with greater opportunity to tailor TB management to the circumstances of the individual farm business and provide assurance that measures such as AFUs and other isolation requirements are being respected.

58. It is essential, however that in the course of such change in delivery of TB related services, every effort is made to maintain the extensive ‘corporate knowledge’ that exists either within AHVLA or the private veterinary sectors.

59. It could afford further consideration for the on-going rationalisation of estate costs within government.

60. We strongly believe, however, that progression of the concept as outlined in Annex C and the willingness and ability of local vets to provide such an enhanced added value service is hugely dependent upon the option of continued involvement of local veterinary businesses in active and passive TB surveillance.

- Tb Plus Programme allows for choice at practice level with regard to the level of increased involvement over and above the testing process *per se*.

61. One of the possible ‘unintended consequences’ of reducing local involvement would be a total disconnect from the TB programme.

**Risk Based Trading:**

Enclosure 1
62. When seeking to influence behaviour, it is of crucial importance to understand what drives certain behaviours and the key motivators for change. The working relationship between farmer and local vet is vitally important in that regard as witnessed by the engagement with recent RDPE funded initiatives referred to in annexes A and B.

63. We consider the veterinary profession as key stakeholders and industry partners in the progression of Risk Based Trading work with more detailed comment contained within the main body of the submission.

**Linkage to other endemic disease control programmes.**

64. This could and should incorporate other endemic disease control programs that will ultimately benefit both the individual business and the sector (and wider society) as a whole.

65. There is real potential under this proposal for integration with broader endemic disease programmes

As an indicative example of linkage in financial terms:

- TB breakdown testing 100% funded as public good.
- Routine surveillance for TB moves to an integrated approach with endemic disease.
- Tapered approach: direct AHVLA funding for routine TB testing is reduced over phased period of 3-5 years and differential is funded through modification of farmer levy.
- BUT - opportunity exists for farmer and vet to fill funding gap by adoption and engagement with broader endemic disease and animal health programmes.
- Support for delivering genuine control of endemic disease.
- Farmer can choose to contribute towards extra herd health input OR pay for TB testing.

**Conflicts of Interests:**

66. Conflicts of interest pervade all facets of any business and individuals’ working lives.

67. They are not a new consideration and not unique to vets working in the field with their own clients.

68. There are issues of vested interest whether the vet is visiting their own client or the client of another vet.

69. In both cases there would be a vested interest in a favourable outcome unless taking the client on as a new client would be impractical or impossible.

70. Veterinary surgeons in the field encounter such challenges on a regular basis but the vast majority act in a professional, responsible and ethical manner to ensure statutory obligations are met, be it reporting of suspected notifiable disease, diligent work during exotic disease outbreaks or the regular reporting of disclosure of bTB.

71. We firmly believe that this obstacle to expanding the work undertaken by appropriately skilled and trained OVs’ is being overstated.

72. There are in fact many occasions when knowledge of the farmer concerned has been hugely important at what is often a distressing and stressful time.

Enclosure 1
**Safeguards:**

73. Safeguards are perfectly feasible as they are in all other businesses with the ability of the WAG to mitigate against these concerns evident in the Cymorth TB pilots.

74. Open discussion on those areas where it would be more appropriate for a third party to undertake certain types of work.

75. Robust rules of engagement, use of standardised decision making processes and a requirement for standardised reporting to support decisions that are made can all minimise the risk of perceived conflicts of interest arising.

76. Random checking of a percentage of work undertaken can provide additional safeguards and assurances.

Neil Blake  
Jonathan Statham  
26 September 2013
Annex A:

South West Healthy Livestock Initiative
Example of benefits of co-funded approach

Farmers participating in at least one workstream to date
• Dairy: 1,990 = 62% of all in the south west
• Beef: 2,898 = 29% of all in the south west
• Sheep: 2,173 = 27% of all in the south west

All workstreams:

BVD workstream:
• According to Defra farm survey, 86% of participating farmers want to continue as it produces the most on-farm benefits compared to other national schemes

Annex B:

Summary of AHDB BVD Project (June 2013):

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of practices registering an interest (including NW and SW)</td>
<td>154</td>
</tr>
<tr>
<td>Total number of practices participating in RDPE project</td>
<td>96</td>
</tr>
<tr>
<td>Number of practices actively involved in RDPE project</td>
<td>77</td>
</tr>
<tr>
<td>Number of practices sending in claims paperwork for RDPE project</td>
<td>40</td>
</tr>
<tr>
<td>Number of practices yet to participate in RDPE project (see above NW / SW comment)</td>
<td>19</td>
</tr>
</tbody>
</table>

NB: Each participating practice engages with 15 farms

Context of around 300 active cattle practices in England/Wales

Projected 5600 beneficiaries of BVD project in 15 month period to March 2014, from cattle farmers to vets and industry advisors.
Annex C:

Key objectives of TB Plus Programme:

- To ensure improved and effective communication and industry *ownership* of the programme making greater use of the local veterinary knowledge base.
- Enhanced service delivery with primary long term aim of reducing the incidence of disease which ultimately will have the biggest impact on reducing cost to industry and the taxpayer
- Quality assurance enhancement and audit confidence
- Training enhancement and knowledge transfer

With locally-based veterinary surgeons regularly and increasingly involved in herd health planning, it is entirely logical to proactively incorporate TB case management and TB risk management within that remit. It fits within the Animal Health England proposal as outlined above and the current work of the Risk Based Trading Board.

Examples of such activities that could be undertaken by locally based OVs’ would include:

1. **Active and coordinated TB Case Management** – Partnership working with the farmer at the centre of the working relationship
   - Disease Report Form
   - To review breakdowns and provide for active case management.
   - Offer advice re minimising the impact and spread on farm.
   - Ensure there is effective communication and linkage between services such as SWTBAS, farmer and local vet.
   - Re-stocking veterinary risk assessments

Enclosure 1
• Extend that advice to incorporate wider animal health impacts of TB breakdowns on farms

2. **Biosecurity advice**

• Focus Veterinary time on management of disease risk (as per other infectious diseases such as Johnes disease)
• **We Consider it essential that such advice is provided in both high, edge and low incidence areas**
• **Immediate** – aimed at reducing disease spread within herd and local disease translocation
• **Medium term** – disease translocation risks (both local and regional)

The potential value of biosecurity advice and a focus on direct farmer:vet interaction within this proposed package is very clear when considering the work of the Risk Based Trading Board and extends beyond the specifics of bTB as demonstrated in Annexes A and B.

3. **Licencing**

• Re-stocking risk assessments
  – **ideal opportunity to discuss biosecurity risk of other endemic diseases**
  – Crucial elements 1:1 farmer / **local** vet engagement e.g. healthy livestock initiative
    • Opportunity to review and be in regular dialogue with local vet

• farm-specific advice on biosecurity,
• completion of Disease report forms (DRF),
• investigation of breakdowns,
• risk assessment of measures to support the farm business to include re-stocking strategies and also continued monitoring of the implementation of such measures. This would also demonstrate the relevance of on-farm consideration of concurrent disease issues such as liver fluke and Johnes disease which could potentially affect test performance.

TB Plus Programme could be implemented in a staged modular format to allow adequate time for any additional training requirements

Tb Plus Programme allows for choice at practice level with regard to the level of increased involvement over and above the testing process per se.