Department for Environment, Farming & Rural Affairs (Defra)

Animal Health and Welfare Pathway - Sheep Health Pathway Working Group

Meeting 9 Output Note

## 06/04/22, 10:00-12:00, Microsoft Teams

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| **Item** | **Title** | **Lead** |
| **1** | **Apologies** | **Phil Stocker** |
| **ATTENDEES*** Phil Stocker (chair), NSA
* Charles Sercombe, AHWP Steering Group
* Richard Findlay, NFU
* John Royle, NFU
* Ann Willcocks, NFU
* Dan Phipps, NSA
* Kevin Harrison, NSA
* Clare Wise, Independent Farmer
* Rebecca Mearns, SVS
* Phillipa Page, Flock Health Ltd.
* Rudolf Reichel, APHA
* Lis King, AHDB
* Alison Braddock, PSGHS
* Beth Wells, Moredun
* Christina Cousens, Moredun
* Christopher Maxwell, Defra
* Megan Taylor, Defra
* Paul Steere, Defra
* Rob Noble, Defra
* Peter Sheaf, Defra

**APOLOGIES*** Fiona Lovatt, Flock Health Ltd.
* Rachel Forster, Market Vets Centre
* Jonathan Hobbs, North Park Vets
* Amanda Carson, SVS and APHA
* Liz Genever, Sheep and Beef Consultant and RoSA
* Lesley Stubbings, Sheep Consultant and SCOPS
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| **Item** | **Title** | **Lead** |
| **2** | **Introduction** | **Phil Stocker** |
| * See previous meeting note and attached agenda.

**KEY POINTS*** **Updates from previous meeting**
* There were no comments on the previous output note.
* There were no requests for SharePoint documents to be reshared.
* Defra asked the group to consider what role legislation could play in the Sheep Health Pathway. Sheep scab and drench testing were previously discussed.
* Following the previous meeting, Defra received no case from members to set the eligibility criterion for the voluntary aspect of the Sheep Health Pathway below 21 sheep.
* Setting a flock size for eligibility could create a line for smaller flocks and pet sheep to hide under. They can still represent a significant disease risk, especially for neighbouring farmers with larger flocks who are following guidelines. There could be a role for better enforcement of existing legislation and potentially the introduction of new legislation.
* **Meeting agenda**
* This meeting will focus on the legislative process, the role of advice, and disease investigation and management protocols.

**DECISIONS*** The group agreed that 21 or more sheep is a suitable eligibility criterion for the voluntary aspect of the Sheep Health Pathway.

**ACTIONS*** Defra to consider legislative approach to smaller keepers collectively across the sheep, cattle, and pig sectors.
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| **Item** | **Title** | **Lead** |
| **3** | **Legislative process** | **Paul Steere** |
| * See attached presentation.

**KEY POINTS*** The following is a broad and simplified view of the legislative process in the UK parliament and doesn’t cover the Devolved Administrations.
* Primary legislation is when Parliament scrutinises a Bill and makes it an Act. It defines a broad outline of powers for the Government/other bodies to perform a particular function.
* Secondary legislation is when ministers/other bodies these powers to fill out the detail of the act with practical measures to enact the law. The most common form is the Statutory Instrument (S.I.).
* Passing an Act is resource-intensive for Government. We must bid for a slot in the legislative agenda 12 months prior to the Parliamentary session, making a clear argument for why it is necessary.
* The timescale for drafting and passing an Act varies depending on the complexity of the law and wider political issues.
* Existing animal health and welfare Acts give us broad powers. Pathway work has not identified anything that would require new primary legislation to deliver, and we do not anticipate that this will change. Secondary legislation will have more bearing on the Pathway.
* The first phase of the secondary legislative process is policy design – this is where we are currently at with the Sheep Health Pathway.
* Next, policy professionals instruct lawyers who will draft the S.I.. Then, the draft S.I. goes through public consultation and amendments are made.
* During this process, several products may be required (see slides).
* There are two procedures for the final approval of the S.I. In both procedures, the draft S.I. is scrutinised by parliamentary committees to determine if it is technically correct and ensure that the products explain the legislation in a clear, simple way.
* The affirmative procedure then requires debate by both Houses of Parliament, focussing on why the legislation is being introduced. The negative procedure does not ordinarily require these debates.
* The affirmative procedure takes approximately 12-18 months, the negative approximately 18-24 months. However, several issues can impact this timetable (see slides).
* **Discussion**
* By creating robust, well thought-out policy options that are practical and deliverable, we can support the development of legislation products.
* The Pathway has engaged key stakeholders early in the co-design process so that we understand the impacts of proposals before S.I. is developed. Consultation would involve taking any draft S.I. outside of industry, to the general public.
* Amendments to current legislation could play a part in the Pathway. However, amending primary legislation would be difficult. The legislation team will identify any areas of overlap in secondary legislation.
* Group members had concerns that the new Animal Penalty Notices Bill could present a barrier to take-up. Farmers may not want to risk high penalties for doing something wrong for the modest amount of money offered by the Pathway. The role of this Bill in the Pathway is currently an open policy question.
* The Code of Recommendations summarises some of the legislation that is relevant for sheep farming but it does not cover everything within scope.

**ACTIONS** * Defra to follow-up on list of legislation that is specific to sheep farming.
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| **Item** | **Title** | **Lead** |
| **4** | **Role of advice** | **Chris Maxwell** |
| * See attached presentation.

**KEY POINTS*** Endemic disease in sheep can be highly complex and effective management of it in a flock requires quality, expert, specialist advice.
* There are around 40k sheep holdings in England, but a limited capacity and spread of sheep vets.
* A previous suggestion was that the Sheep Health Pathway require vets be SVS members. There are currently only around 50 vets on the SVS website’s ‘find a vet’ tool. Although this captures ‘big hitters’, there may be more practicing sheep vets who are not listed.
* We could integrate disease investigation and management protocols into the Sheep Health Pathway, which a general farm vet can follow and adapt to each individual farm.
* The FFCP Advice Team are developing a web portal for consistent and accurate advice across all their programmes. As part of this, they are exploring a ‘find an advisor’ tool.
* Signposting to and making funding available for other accredited advisors in the Sheep Health Pathway – such as RoSA, FAR and AMTRA - could also improve coverage of advice.

**Discussion*** A sheep population map would be more appropriate for capacity comparisons.
* As vets move through the Pathway, they will be exposed more sheep clients and develop expertise in this area.
* SVS membership does not equate to further qualifications in sheep, it is a society for vets who are interested in sheep.
* Practicing sheep vets will be further supported by vets working in laboratories.
* The SVS ‘find a vet tool’ went live less than a year ago. SVS have encouraged members to sign up at their events. Local promotion of the tool can lead to a big impact on uptake.
* Requiring vets to be SVS members could be a barrier for new or recent graduates.
* Protocols may encourage a checklist approach and lead to vets not using their ‘eyes and ears’ to assess the situation in a flock.
* Standard operating procedures (SOPs) would provide consistency and quality assurance for disease investigations, providing value for money for farmers.
* Disease management should be more of a discussion between the farmer and vet. Guidance which provides access to and signposts resources may be more appropriate.
* There may also be merit in a sheep refresher course to engage graduate vets.
* The SVS use conferences to deliver informative sessions about common health issues.
* The BCVA have previously produced CPD for the Johne’s programme, however the SVS is not as standardised.
* PP and FL are planning to supplement flock health clubs this summer to further engage sheep vets and farmers.
* Human behaviour insights recommend asking vets what they additional resources they require to deliver the Pathway.
* The Review is currently being beta tested with vets and farmers, including questionnaires about the process, resources and capacity. Results will be fed back to the vet subgroup.
* There are two groups of farmers – those who want very little veterinary advice and those who want experts. The latter will often go to interested sheep vets in their local practice first and then seek an expert.
* Signposting will empower farmers to choose an expert that is suitable for them. It is wrong to assume that farmers already know where to go for specialist advice.
* We need flexibility to allow farmers to work with wider groups than just vets. However, some advisors may not give quality advice. A vet-led team, with advisors working in conjunction, is the best approach.

**DECISIONS*** The group agreed that SOPs are likely required for disease testing, but disease management requires a more tailored approach.
* The Sheep Health Pathway will use the terminology ‘guidelines’ instead of ‘protocols’, to reflect our desire for flexibility.
* ADAS will be added to the list of accredited advisors.
* Discussion of other advisors and farmer-led groups will be moved to the next meeting.

**ACTIONS*** MT to share LDDG sheep and holding density maps.
* MT to update slides to clarify number of SVS vets on find a vet tool.
* MT to follow up with SVS about vet numbers.
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| **Item** | **Title** | **Lead** |
| **5** | **PSGHS disease investigation protocols** | **Alison Braddock** |
| See attached presentation.**KEY POINTS*** All the health schemes involve disease testing and biosecurity.
* Membership fees provide funding for an advisory group, database management, administration, communication, veterinary expertise, UKAS accredited labs and policing.
* **MV accreditation**
* To establish accreditation, all animals over 12 months old must pass two qualifying tests (with a few exceptions).
* To maintain accreditation, a proportion of animals over 18 months old are routinely tested at increasing intervals (1-3 years), with the proportion determined by the flock size. All rams and added animals must also be tested.
* Biosecurity rules focus on housing, grazing, equipment, handling facilities, colostrum, and semen/embryos.
* For a flock of 250 ewes, it would cost £1340-1800 to become accredited. Ongoing costs would include £363 for routine testing, £155 for the yearly subscription, and testing of added animals.
* **Johne’s accreditation**
* All animals over 12 months old are tested annually and the flock is awarded a risk level from 1-5 according to the number of positives. All cull animals must be tested each year.
* Three clear flock tests equates to level 1. Biennial testing can be done once a flock has been level 1 for at least 2 years.
* For a flock of 250 ewes, it would cost £1100 to test the flock and for biennial testing.
* A health plan must be put in place and biosecurity rules followed.
* **MV and Johne’s monitoring scheme**
* The monitoring scheme provides a nationally recognised and auditable testing system for commercial flocks where the biosecurity requirements for accreditation are too stringent.
* The scheme provides an early warning system for members to limit disease spread and supplies buyers who want a reduced risk of MV/Johne’s disease.
* At least 6 weeks before sale, a vet samples 12-20 ‘high risk’ animals that are thin, have produced poor lambs, or have a poor milk yield with no other apparent reason. All rams and a percentage of added animals are also tested.
* The vet also conducts an annual biosecurity check and works with the farmer to develop a health plan. This includes quarantining added animals.
* An annual health report is issued to the farmer, which includes number of years their flock has been monitored.
* For a flock of 250 ewes and 5 stock rams, the scheme costs £216 per year. In the following years, up to 12 added animals must be tested from each source.
* PSGHS is working to promote the commercial programme more widely.
* **Discussion**
* Diagnostics requires the right tests to be used in the right population and correct interpretation, as well as their understanding of the limitations.
* No test is 100% accurate and false results have been an issue in the past. This can be mitigated with up to two follow up tests.
* We need secondary tests to ensure accurate results. There is no secondary test for CLA. Post-mortem examinations are an important tool and provide a broader view than testing for a specific disease.
* It is difficult to determine the prevalence of these diseases in the national flock. However, these schemes can help identify where disease is located.
* All flocks should consider entry level testing to determine if disease is present. Farmers may not realise that they are losing money to these iceberg diseases.
* There are currently no protocols about what with positive results. This was a question during the last PSGHS advisory board meeting and they are working on an answer. Management will have to be very farm specific to achieve what it best for the flock.
* Loss of status has particularly negative impacts on tenant farmers where the flock is their primary asset.
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| **Item** | **Title** | **Lead** |
| **5** | **Moredun biosecurity and quarantine protocols** | **Beth Wells** |
| See attached presentation.**KEY POINTS*** The Crown Estate commissioned Moredun to conduct a project following concerns about high biosecurity risk. Moredun are keen to share the resources they produced for this.
* Moredun identified the following ‘biosecurity big 5’ where the greatest gains can be made:
	1. Livestock movement
	2. Quarantine
	3. Hygiene
	4. Diagnostic tests and preventative vaccines
	5. Health plans
* Moredun produced biosecurity checklists for key livestock diseases (see slides).
* Moredun has also created an animation series on Sheep Scab. This included background information, avoiding buying it in, quarantine advice, and test and treatment advice.
* In a 500 ewe flock, they estimate that treatment would cost £1100 and loss productivity could cost around £3900. Comparatively, testing would cost £160.
* Quarantine of new and returning animals is particularly important to prevent disease entering a flock. However, some diseases are easier to quarantine for than others.
* Costs to help with the creation of a quarantine area, such as a secure building or, failing that, fenced field would make quarantining easier for famers.
* Every flock and farmer is individual – for a national scheme we must ensure that collective advice is consistent, updated, simple, and practical.
* Recommendations to make it easier for farmers to succeed with biosecurity:
	+ Linking biosecurity with the annual vet visit
	+ Creation of a bespoke, interactive, adaptable biosecurity plan by a vet
	+ Focus on 1-2 disease that are important to the farm
	+ Combining advice across diseases e.g. for parasites

**DECISIONS*** The Sheep Health Pathway will use the terminology ‘flock protection’ instead of ‘biosecurity’.

**ACTIONS*** BW to share resources on Moredun biosecurity and quarantine protocols.
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| **Item** | **Title** | **Lead** |
| **5** | **AOB** | **Phil Stocker** |
| **KEY POINTS*** CC presented on the work that Moredun are currently doing on a protocol for OPA. They are considering the following options:
	+ Vet investigations of all sudden deaths – has the issue of needing pathology backup
	+ Vet instigation of 10 thin ewes/year – but need to ensure that sheep are not subject to selection bias
	+ Ultrasound of whole flock – needs practitioners to be skilled and available
	+ Slaughterhouse records – issue of on matching lungs to correct ear tags
* This could be the basis of an assurance scheme where you could assign risk. This would give farmers X years of verified freedom from disease and require good biosecurity.
* What to do upon identification of OPA is an even more difficult issue:
	+ Ignore it – negative impacts on welfare and economics
	+ Replace flock – no sources that are verified free of disease
	+ Management – reduce close contact, cull cases, cull lambs of OPA ewes
	+ Whole flock screen and cull – significant reduction in prevalence but expensive and long-term commitment

**ACTIONS*** Group to send comments on output note by 22 April 2022.
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| **Meeting Summary** |
| **Aims and objectives*** To agree the outstanding eligibility criterion.
* To develop an understanding of the legislative process the context of the Pathway.
* To determine the role of protocols in the Sheep Health Pathway and explore existing industry protocols.
* To determine the role of other advisors in the Sheep Health Pathway.
* To discuss the inclusion of farmer-led groups in the Sheep Health Pathway.

**Required decisions made – if not is there a critical issue?*** The group agreed with the criterion of a flock size of at least 21 sheep for the voluntary phase of the Sheep Health Pathway.
* The group explored primary and secondary legislation, including timelines and potential blockers.
* The group agreed that SOPs are likely required for disease testing.
* The group agreed that lighter touch guidelines would be more appropriate for disease management advice that can tailored to individual farms.
* The group explore existing industry protocols for iceberg diseases and biosecurity.
* The group did not have time to fully explore other advisors or farmer-led groups.

**Forward view** The next meeting, on 5 May 2022 at 14:00-16:00, will further explore the role of other advisors and farmer-led groups, as well as our funding approach. |