

**2.1 Animal health audits** - Establishes the health status of the herd/flock by assessing the existing disease levels/disease challenges.

One element could be soil testing, which can be used to identify micro nutrient deficiency or excess (helping to choose the right feed mix), which if not addressed can impact on animal health issues and poor animal performance.

NDFAS Farm Assurance Schemes already do this...To some extent . Self assessment- biosecurity,etc identifies, bad, good practice. AH dairy hygiene inspections. AH x Compliance Welfare inspections. Independent nutritional advice (one to one). Audit sounds like additional regulation-vet already aware of farm health issues.

Must adopt an holistic approach. Use health audit to focus down on key issues to address. Adopt a health planning approach- link with training? Audit, implementation, review cycle. Routine follow up.

Forage analysis might be preferable to soil analysis. Good idea but with limited funding-it should be best practice – awareness of cost effectiveness.

Good idea but danger of duplication-is this already available: would need to ensure that it is not being done already. Can SWHLI produce checklist of all areas that farmer should be considering and allow them to then ask the questions ie 'have I looked at this? May be easier to do for Dairy than pig or sheep. What are the most economically challenging areas for farmers eg lameness. Testing for resistance to anthelmintics etc.

Medicine records and movement book should be taken into account. Is it proposed this is a subsidised service? Is it a combined service, ie vet to feed/soil expert. Is this a one-off? Should be combined with encouraging farmers to improve their own relevant record keeping. Momentum must be maintained, farmers have to carry on.

Signpost to existing on farm systems eg health charts developed by FHP cattle subgroup- on Defra website.

Good idea. Soil testing should be subsidised and the results linked with veterinary blood tests to identify mineral supplementation.

Essential and must be continuous for the success of SWHLI this element is vital.

Think this service is already provided via various companies on request. This would be a good idea if brings together a group of farmers to look at common problems.

Facilitated groups required, census of data, vets to do this, blood profile/soil testing.

Soil testing is a service that could useful. Testing of feed mix is not always possible as feed mills won't allow this to be done. If some money could be made available to subsidise units from vet/consultant to do a disease audit. TB is a distraction from focusing on other diseases.

Very good idea. Not sure how to go about it. Perhaps the welsh model? Vet students/ag. Students? Got to get access to the farm, back to the vet/farmer relationship improving. Farmer needs to be pro-active vet needs to be happy with the potentially competitive services.

Possibly incentivise to get investment. People could be afraid of it just on health, must link to profit (could possibly be free).

Farmers should be soil testing anyway as routine so need to get this message over. Audits good idea but farmers should be paying for this as good practice. Any cash spent on raising awareness not directly funding audits.

2.2 should lead to 2.1

Soil testing a bad example but audits a good idea. Clinical threat outcomes more important. Blood testing has value but cannot be used in isolation. Needs to be part of a herd health plan.

Subsidy (possibly 2 hrs ) vet consultancy to discuss herd/flock health status and risk assessment of incoming animals /existing animals. This would aid 2.2 and 2.3. possibly discuss herd/flock health programmes.

General feeling industry is already audited to death. Group also felt that determining the cost of disease on farm is important the name 'audit' was not felt to be appropriate.

Mineral status important. More than mineral status, actually about soil structure and drainage too. Need to look at whole picture. Most people don't record animal health sufficiently well to do an audit. Easy and simple recording. Maybe creating an online spreadsheet like 'my healthy herd'; 'how's my herd' another format. Metabolic profile another good example.

Effort to reach out to the current non users and find out why not interested/engaged. Try to study a few things well.

For most diseases, most farmers do not know their status. Some (progressive) farmers already do this with their vets. We believe this needs to be an active process – the verb is health Planning (some farm assurance health plans just gather dust!). Key issue = relationship with the vet.

2.2 **Testing for disease status** - financial and practical support could be offered to farmers e.g. blood testing and support for sheep scab wool testing by the Veterinary Laboratories Agency or other provider. This information would be fed into disease surveillance activity (no. 1.4).

Faecal egg counts- scops (on farm kits) save on drench cost and resistance. Scab campaign – pay for mobile dippers- education to identify scab take wool samples. Combine blood test for BVD/Johnes with RHT for bTB (free blood test) will change management practices.

Dairy, pig, poultry well covered (drug companies etc). Beef and Sheep are more expensive for farmers to test (no subsidy) and therefore there is less evidence that it happens. Potential for a quick win (ie parasites).

Where this is not already offered as a pilot.

Raise awareness of existing premium health/welfare schemes. Look for SW trends and publish on website. Looks at ways of integrating, collating information that is already available. Use the TB test as an opportunity to test for other diseases in difficult to reach areas. Attempt to control BVD in region – monetary value at market.

Should this be of 2.1?

Raise awareness of and promote uptake of existing testing services eg milk samples for BVD, IBR, Johnes, and Lepto through NML blood tests. Subsidise the fees for sampling. Legacy = improved knowledge, improved disease status.

Blood testing for viral and bacterial diseases eg Johnes and BVD, and faecal egg counts should be subsidised.

Yes should be offered as long as farmers action the advice. Shouldn't be the total sum ie 50% of cost?

Is this already provided via vets/drug companies to sell the drugs!?

What is the goal? If linked to a strategy that was clear.

Poultry already testing for diseases that they may get. If a farmer gets the money to pay a consultant to come in – support for this scheme. Can't see why it should be spent on projects in the SW.

Gives good disease surveillance. Essential item. Support for collecting samples could be cash hungry, but a little could go a long way. Information could be included in anonymous data base to benefit the whole region rather than just the individual farms.

Need to link back to profitability on the farm. Software to help understand the financial benefit, develop software, farmers to pay.

Use cash to offer subsidised testing per specific issues to subsidise accessibility and uptake.

Blood testing on some diseases visits into slaughterhouses for small units.

Good move-declaration of disease status of herd of origin as part of sales of stock. Need strategic approach, which may be difficult fro small farms. Using risk assessments from above but not expect SWHLI to pay for this, farmer pays.

Group felt this point should be supported whether poultry, sheep, or cattle sector.

How would people be eligible as this would subsidise the VLA surveillance? Must be specific eg sheep scab or BVD eradication. These 2 have the potential. Scab could restrict trading so may be more difficult.

Dairy-bulk milk testing, beef – as part of TB test, wormer resistance status

This is happening in the SE 4 major cattle diseases (BVD, IBR, Johnes & Lepto). We believe this is the first step to making some improvements and strongly support this as a SWHLI activity.

**2.3 Farm building audits** - technical advice on farm building design and modification e.g. issues around respiratory problems to be resolved by improved ventilation; issues associated with lameness such as cubicle size and design floor etc.

Good idea. Welfare-feed space, lying spaces. Disease – respiratory disease, smoke bombs. Use less bedding, better health, stocking rates.

Welcomed but link with 2.1 to ensure that investment well directed. Also bio-containment issue. Waste management. Stress reduction by improved design – knowledge.

Good practical idea coupled with husbandry advice similar to that of catchment sensitive farming.

Direct Farmers to expert knowledge and farm advisers to provide that info. Relevant to project.

Again is this linked to animal health audit? Could the 2.1 idea be developed into a 3 tier service starting with the animal health audit?

Service to reduce stress and disease impacts in farm animals. Stress is the source for many health problems eg grants for improving biosecurity and biocontainment. Legacy = improved design and use of buildings.

A one off audit for farm buildings –ventilation, hygiene, disease control, stocking capacity.

Only do it after the farmer has achieved 2.1 and 2.2 and need has been established.

If this is well funded there may be good uptake.

Yes also handling facilities, linked to pneumonia, linked to lameness. Farm building advisers required.

Feeling is this one is linked to previous points of animal health audits. Farm grants don't help-create a false economy.

Not many quality providers. The design is perhaps the most important thing.

Support if putting up new building or accessing a particular problem (possibly subsidised).

Useful needs to have the outcome measures capital support should be available for building improvement/provision but only where clearly justifiable and linked to welfare audit.

Yes. Independent ventilation audits flooring audits linked to lameness.

Very good idea. Good prevention approach. Often small changes can make big differences. Get vet to do it-do not link with Single Farm payments.

Not a priority for SWHLI funding (farmer pays).

Not to be an appropriate area for financial spend. Existing information readily available from a range of sources.

Mostly available through ADAS, or other consultants. It has got to follow on from eg 2.1 rather than separate entity. Some funding for new buildings. Almost every farmer could be eligible.

Good ideas better not to use capital grant here as money would diminish too quickly.

We understand that since the demise of ADAS it is difficult to know where to get the information – yet it can be critical and clearly has an important economic dimension. We strongly support a SWHLI activity in this area.

2.4 **Farm level investigations** - Support for vets, advisors and farmers to refer questions or cases to a network of experts. For example, in the case of anthelmintic resistance, a farmer could seek access to current and developing research.

VLA only investigate on zoonotic disease, extend to production disease. Vets already do..vet first point of contact. Low priority.

Already exists via consultants. Need for primary research – HE Research Council research. Role for HE sector graduate training– eg New Zealand example (practical experience).

Draw together all the elements –set up network of experts? Raise awareness.

Do we need another tier of experts. Isn't the information and the network already used informally? People already know who to ask in general. Livestock advisers to be trained? Some training for vets/advisers in speciality species, such as goats, camelids etc.]

Expert network is a good idea. It leads to further investigation, but using the term 'investigation' for access to service could be a deterrent.

Don't understand! Covered by 2.1.

Yes good idea.

Uncertain that this service is of benefit as it is already available from or for vets etc.

Think this is already out there. It brings on group discussion this is positive.

Yes subject to funding (esp.beef and sheep). NB Aim is knowledge transfers to farmers to improve 'uplift in profitability'.

Farmer should have the option to select a consultant / vet for consultation and have the money to spend on visit.

Drug companies could have an involvement in this. Vet colleges need to offer ongoing support to already qualified vets- perceive this to be a CPD vet practice.

Farmer to pay.

Is this VLA or similar? No one is looking at resistance-opportunity?

Yes. Who are the experts-regional or global?

West Wales type approach could work well in SW to implement this policy. Welsh type will work. Good principles.

Not a SWHLI issues farmer pays.

We like the idea, however does UTS / SWREG already fund something like this? Group felt that on farm visit would be valuable, as long as outcome is quantified against a benchmark.

It is happening already and we're not sure how much this limited by funding at present. Could be an option through a 'Gelli Aur' approach based in Duchy. A satellite at Duchy for Bristol Vet School (please).

Good ideas better not to use capital grant here as money would diminish too quickly.

We understand there are no online information sites for vets to get information of this kind (unlike in human medicine). We believe this is an area that SWHLI should seek to develop in conjunction with SW REG. farmers should be encouraged to pay for good advice.

<b>Task 2b: Are there any other services that you would like to see provided, with the proposed Assessment? Please write your responses below.</b>	
<b>Additional service that could be incorporated in - Assessment</b>	<b>Why this is being proposed</b>
<p>Independent disease research                      Collate and publicise, make self supporting.                      Use the model of catchment sensitive farming groups.                      Collation and analysis of medicine records on farm (try a pilot scheme)                      DNA analysis                      Total eradication of some diseases from the SW.                      New buildings planning                      Quality of forage                      Assessment in farm groups.                      Collaborative groups.                      Farmers should get a voucher to spend on the available service/tests/audits.                      Could include FEC recording in 2.1                      Development of Regional web-based systems for each sector.                      Communication of disease trends eg blackleg in housed animals                      Ensure long-term legacy of SWHLI activities                      Farm buildings and live trade management practice – need to ensure government officials are up-skilled (eg Natural England).</p>	<p>Primary research on existing and emerging diseases, independent of drug companies. Nutrition research independent of feed companies.                      Raise awareness that this information is available through existing sources. Optimise on efficient dissemination of this information.                      A lot of records already kept – making best use of them and demonstrating there is another practical purpose for the records.                      This could be achieved for Johnes and Sheep Scab and would have major economic benefits. Treatment would have to be compulsory and assisted.                      Someone to check new build for animal health ie ventilation                      To make sure animals are fed properly                      Knowledge transfer in on farm groups with experts.                      Good groups very valuable eg Sheep groups, benchmarking groups work well, SWHLI to facilitate group working and funding.</p> <p>Nadis surveillance</p> <p>Example – enforced removal of cattle from Dartmoor, leads to housed animals, leads to health (respiratory) problems.</p>

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