



Beef Sector Workshop Notes – Trethorne Farm Tuesday 19th May 2009 13.30 – 16.00

Attendees:

Nick Bell, Phil Hadley, Mick Cranwell, Richard Stanbury, Andrew Cobner, Christopher Delbridge, Tim Bebbington, Mark Dallyn, Mark Thomas, Paul Williams, Steven Cottle, Stephen Edmond, Martin Howlett, Sarah Whiting, Jonathon Cole,

Welcome & Introductions

Phil Hadley (Eblex & Member of SWHLI RAP)

Phil welcomed the delegates and thanked them for their time, explaining the reasons for this meeting – to set the priorities for the beef sector in relation to the SWHLI project. Delegates introduced themselves and gave a brief explanation of their interest in the project.

Project Overview

Richard Stanbury (Farmer & Chairman of SWHLI)

Richard gave a brief introduction to the SWHLI project and its background. The project has £12.17 million of RDPE funding over 5 years to deliver “an uplift in the profitability of the SW livestock sector”. As a farmer himself, Richard is keen to see that the money is used effectively to benefit farmers directly and is not swallowed up in administration.

This stage of the project is the consultation phase, as it was felt important that any initiatives arising from the funding were demand led.

This part of the preparatory work of the project is the 3rd strand of the market research element, as below:

1. On 11th March, there was a cross sectoral meeting at Westpoint, Exeter where delegates were asked to comment on and inform the broad outlines to the proposed programme
2. The 2nd stage was a commissioned questionnaire and consultation with vets and farmers, using telephone and paper based data gathering
3. This, the 3rd stage, involves the individual sectors (Dairy, Beef, Sheep, Pigs & Poultry) staging a series of consultation workshops to establish sector disease/animal health priorities.

Richard also explained where the money cannot be spent, due to EC funding constraints:

- There will be no rapid reaction fund for notifiable diseases, this being the remit of Defra and its agencies. This includes TB, although there are plans to use some of the money on a project that works with the disease
- It cannot be a capital grants scheme (there will be elements of funding available for capital grants, but only up to 10% of the total)
- Cannot fund lobbying activities
- Cannot be used to fund vaccination schemes or buy drugs

Essentially, projects will be heavily involved with training, spread around all sectors according to priorities proposed within these workshops (demand led). Public money will be used to address the market failures and it is envisioned that the benefits gained will continue beyond the life of the programme.

There were questions from delegates regarding how the project could address the issue of bTB in the region – and whether funds could be used to help with the management of the disease. Richard explained that SWHLI and the RDA recognised the huge impact that bTB has on livestock farming within the region and were currently looking at ways in which the funding could be utilised in projects that looked at working with the disease (which could be funded) rather than eradication (which would be ineligible under the scheme).

Clarification was also given that around £3 million of the SWHLI budget had been ring-fenced for Cornwall.

Identifying Top 3 Disease Priorities

Dr Nick Bell (Bristol Vet School)

Nick asked the delegates to list what they considered to be the top 3 animal health priorities for the beef sector within the SW region. He explained the format of the day, which would be split into 3 sessions: the first would be prioritisation of the issues; the second would involve break out groups looking more closely at each priority and attempting to address the objectives; the third would be a group discussion to collate all the ideas discussed at group level.

A list of possible priorities was displayed at the front, based on feedback from earlier sessions, but delegates were not restricted to choosing from this group.

The range of suggestions included: BVD, Lepto, Jöhne's, Fertility, Pneumonia, Lameness, Nutrition, IBR, stress, Bio-security, knowledge transfer, added value, knowledge in disease prevention, data recording, respiratory problems/ventilation, SW laboratory establishment, SW breeder plan & parasites.

Other comments included: not to put any money towards capital grants, as this has been done in the past with little long term benefit for the industry as a whole; a desire to see effective measurements against cost to provide guide to success; SW could lead the way in reducing, controlling or eradicating certain diseases (such as BVD); using health cards as a marketing tool.

With reference to the feedback of abattoir slaughter data, Phil informed the group that the MHS is now taking the issue seriously at a high level and will possibly have electronic data capture systems in place by the end of the year for post mortem findings. Plants could then provide this information to producers.

There was some general discussion regarding possible methods of delivery: it was noted that there was a good system in France, where taking a group approach had been very successful. Working in groups was seen as key to the success of the project as a whole in terms of addressing the issues and achieving real results. It was also considered preferable to work with existing groups wherever possible. The success of the bluetongue vaccination programme was highlighted, where groups of farmers got together to vaccinate within an area.

The discussion moved on to consider how to reach the proportion of farmers who do not engage with these kind of initiatives, the group reaching the conclusion that it was not worth wasting money trying to reach the unreachable ones – the key was to work from the top down: the most proactive would already be looking to engage, they would pass knowledge and experience down to the next third to bring their level of involvement up. The good farmers will set the standards for the others to follow – there is no point in chasing after the poor ones. The project could capture best practice as case studies – showing where benefit has been achieved. Mick gave the example of where this had been achieved with farm groups in New Zealand.

There was some concern that with the relatively limited time span of the project left, continued benefit and sustainability would be difficult to achieve. The group were keen to see real lasting benefits to the industry and there was a feeling of urgency that the project was 'opened for business' sooner rather than later. Richard explained that the process was well underway and that money would start to be released by the RDA within a matter of weeks,

following the consultation phase of the programme. Vets would also be key to the delivery of the project.

The issues raised formed part of the remit for the next session, which aimed to look at addressing the 3 priorities in more detail, especially around how funding could be best utilised.

Breakout Groups

All

The 3 priorities were identified as BVD, Jöhne's & Pneumonia

Group 1 – BVD

The plan was based on a selected screening policy, involving vets working with groups of 10 farmers in a cluster/area. The funding would pay for the screening and the vet's time. This would provide awareness of the levels of the disease within those herds, which would also be used as a baseline to measure the future success of the project.

PI animals would be removed from the herd (there was an identified risk that some farmers could then try to sell on the PI animal, but a system of recording what happened to the PIs would probably counter this possibility). The effect of this would be an improvement in the health of the young stock and it was felt there would be an economic value attached to BVD free herds.

Knowledge transfer of the benefits to farmers would be achieved through having the farmers who engaged with the project going out and talking to other farmers within the area/region. Farmers will tend to listen more to other farmers who have seen real benefits from a scheme and are more likely to engage in future.

As the programme develops, it would be possible to demonstrate real and lasting benefits for the sector with a collection of data and other measurements, including reduced spend on vaccines/drugs.

It was also felt that to be completely effective, there would need to be some kind of certification or accreditation for herds that were BVD free.

Group 2 – Jöhne's

Unlike, BVD it was felt that Jöhne's could not be eradicated, but that control was possible. Animals could be sampled and blood tested when performing the TB test, blood can be stored for a long time so even if the animal was free

of Jöhne's, the blood could still be used for other tests in the future, so the farmer would not have wasted any money.

The testing would be linked with training and awareness raising of the disease for farmers with positive animals. Again, it was felt that the best way to do this would be to use farmers that had personal experience of the disease and could provide good case stories of how they tackled it on their farm. This would be linked with veterinary input and the use of regional experts in the disease.

The group mentioned the work that was undertaken in Scotland to reduce Jöhne's and the success of this initiative. Again, reducing the incidence of Jöhne's could be linked to a market differential which would have long term benefits to the industry. There was some consensus that pedigree herds would receive higher levels of funding support under this scheme, because of the greater impact that this would have.

Measurement would be in monitoring Jöhne's free farms over a number of years and through numbers of farmers engaging with the programme over time as they recognised the benefits.

Group 3 – Pneumonia

Again, it was felt that pneumonia could not be eradicated, but reduction was possible.

The project would engage with all elements in the production chain, from breeder through rearer to finisher. There would be a combination of veterinary assessment and buildings assessment – to establish the prevalence of the problem and identify simple, effective ways in which it could be reduced.

Monitoring would be through abattoir feedback, which would be linked to daily live weight gain and the usage of antibiotics. It should be possible to record levels of disease/mortality on a monthly basis (possibly be adding another column in the medicine book).

There was some discussion of certification and the need for an educational element within the programme to raise awareness of the extent and severity of the problem and provide the impetus for taking action. It was noted that the beef cycle is long term and it would be preferable to pump prime the early years of the programme and taper funding towards the end.

The need to sell the idea was considered as vital to the success of any project.