



Dairy Sector Workshop Notes – Duchy College Thursday 14th May 2009 10.30 – 13.30

Attendees:

Nick Bell, Duncan Forbes, Stephen Ridgway, Bryan Lewens, Andrew Cobner, Richard Cooper, Susan James, Richard Griffiths, Stephen Wadland, Marshall Clements, David Horton, Rosemary Risdon, Chris Just, Nick Cork.

Apologies

Richard Stanbury (SWHLI Chairman)

Introduction & Project Overview

Duncan Forbes (Kingshay & Member of SWHLI RAP)

Duncan welcomed the delegates and thanked them for their time, then 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”.

This part 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.

Duncan 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.

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 dairy 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. Once all the delegates had listed their priorities, there were 2 clear priorities (Jöhnes & Lameness), plus a further group of diseases that delegates thought could be tackled as one – with the working title of Eradicatable Diseases (including BVD, Lepto & IBR).

Other responses included mastitis, nutrition, fertility, metabolic disorders, stress (both of the animal and the farmer) and the need for better feedback from the abattoir.

The group agreed that Jöhnes and lameness had the potential to be very damaging to the industry, both from an immediate economic perspective and from the potentially damaging public perception (following recent claims that 40% of dairy cattle exhibit lameness and the theoretical link between Jöhnes and Crohn's disease). It was felt that awareness around these issues could be improved within the industry and that it would be a positive step forward to begin to take action now.

Other conditions such as mastitis, nutrition and fertility were being addressed through existing schemes and delegates were keen not to duplicate work already underway.

Potential barriers to the success of any programme were identified as:

- Awareness of the extent of some disease/health issues was low with many farmers
- There are farmers who are very difficult to engage with or get interested in schemes or training – this will remain a challenge of any programme
- It could also be a challenge to engage vets to help the farmers – a possible solution to this could be in working with a range of farmer contacts, such as feed reps, milk link, dairy crest, etc
- It is always easy to waste public money on administration – there is a danger that a lot of money will be spent with very little to show for it

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 Jöhnes, Eradicable Diseases (BVD, IBR & Lepto) and Lameness.

Group 1 - Jöhnes

The most important aspect of addressing this disease was felt to be identifying the herd status in relation to the disease.

The suggestion was made that a one off screening test for all bulk milk (with an opt out clause rather than an opt in) could provide the baseline evidence for Jöhnes positive herds.

The scheme could then fund vets to provide support and training for Jöhnes planning – possibly through a voucher scheme.

Long term, the herd could be re-screened in 3-5 years to show how the training had positively affected the health status.

If this was available to every farm (with the provision of training and advice to those who tested positive) it could go a long way to reducing the impact of the disease on the Dairy herds in the SW. The repeat screening would provide the evidence base for success of the project.

There was some discussion of the value and risks associated with an accreditation scheme – it was agreed that taking action as an industry at this stage (proactively) would be a positive move if media attention became focussed on the disease in the future.

There was concern that any accreditation and testing regime was not used as a stick to drive prices down for farmers in the future.

Group 2 – Eradicable Diseases (IBR, Lepto & BVD)

Having grouped these diseases together as they were potentially eradicable, the group also noted that complete eradication in the SW would be too large an undertaking for a project within SWHLI. A more realistic aim of the project would be to raise awareness of the prevalence and extent of the diseases across the SW.

The group felt that getting Dairy buyers on board was important.

A questionnaire could be sent to farms in the region (to establish the health status in relation to these diseases), supplemented with a road show aimed at raising awareness of the potential for BVD eradication. Education on the use of vaccines could be provided, working with demonstration farms that had successfully eradicated the disease.

Other ideas for raising awareness were to get the markets on board to have BVD-free markets; to get match funding from the drug companies to help with testing; the possible mandatory culling of PIs (Persistently Infected) and expanding the certification and accreditation schemes that are already in place.

For eradication purposes, it was suggested that Cornwall could be used as the first model for a programme. Once the county was disease free, it could then be rolled out to the rest of the region and beyond.

The success of the Bluetongue vaccination programme was highlighted as an example of what could be achieved with the right strategies.

Added following feedback from group:

1. The breakaway group subject Eradicable Disease is a good one but it is not technically accurate to include Lepto in the topic. BVD and IBR are eradicable as has already been achieved in a multitude of areas/countries in Europe. Lepto will never realistically be eradicable due to wildlife reservoir infection/spread. I propose it is removed from the list for accuracy OR the subject is changed to Vaccine Controllable Diseases and keep the list as it is, however the bulk of the proposal ideas cease to make sense so I prefer just to drop Lepto.
2. A key thing we wanted some funding to pay for is an initial herd screen using bulk milk antibody testing, hence getting dairy companies involved as they are handling the samples already. It was proposed an opt-out policy for the test was applied and the questionnaire is backed up by phone calls from the milk buyers for those who don't fill it in. Also v important to state test and questionnaire results go to the farm's vet. This snapshot status is critical in assessing the size of the problem to be addressed both in terms of herds infected and degree of vaccination already occurring.

3. Missed out the point of following up the questionnaire to measure at least the educational impact of making people aware some of the disease are eradicable with the right strategy and support. Ensuring 100% of dairy farmers know it is possible to eradicate some diseases in the SW is a more achievable goal with some of the SWHLI funding than actually enforcing a mandatory eradication policy.

Group 3 – Lameness

The aim would be to reduce lameness in the Dairy herds of the SW by raising awareness and attaching a cost to the condition.

Farmers could be trained in mobility scoring and there would be a need for data on animals leaving the herd (the Healthy Feet initiative was mentioned). There was a call for cohesion between projects and the encouragement of collaboration to address the issue.

The group felt that the project should focus on the farms that wanted to get involved and leave the ones who don't engage with anything, as there is a limit to what can be done with the funding and the group did not want to see money wasted on trying to get to those who would never engage.

The use of case studies and demonstration farms/champions would be an excellent way of raising awareness and may encourage those who don't normally participate to see the benefits first hand and come on board.

There could be demo farms or champion farmers within each area or cluster of farms for other farmers to visit.

The tangible benefits of increased profitability should be communicated consistently to show the value of engaging.

There was also a call for the accreditation of foot trimmers and mobility scorers and a plea to continue to use positive language in relation to lameness projects – focussing on health.

It was also felt that more feedback/lesion scoring from abattoirs would be beneficial.

Recommendations

The group felt that, although they had identified these diseases as priorities, it was the approach that would make the biggest difference to the health of the SW Dairy herds. Awareness raising, using as many farmer contacts as possible, relating training and herd health improvement to financial benefit were vital to get farmers on board.

There was support for using clusters or areas for targeted intervention, engaging vets/consultants in providing training, allowing farmers to have choice in what they spend money on by use of a voucher scheme, avoiding

duplicating what was already there and getting match funding from commercial support organisations.