

To: bTB Consultation

Date: 29/9/17

Ref:

Circulation:

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The NFU represents 55,000 farm businesses in England and Wales involving an estimated 155,000 farmers, managers and partners in the business. In addition we have 55,000 countryside members with an interest in farming and the country.

Question paper regarding Defra's proposed changes to bTB cattle testing in the Edge Area of England

Contents

Question paper regarding Defra's proposed changes to bTB cattle testing in the Edge Area of England	1
Background	1
Specific questions to NFU Members and their answers.....	4
Comments received which relate to particular counties, based on Defra's stated intentions.....	7
Derbyshire.....	7
East Sussex.....	8
Hampshire.....	9
Northamptonshire	9
Nottinghamshire and Leicestershire.....	10
Oxfordshire	10
Warwickshire	11
Appendix 1: The NFU's explanatory information and questions posed to members	13

Background

- Two proposed policy changes to the Edge Area were included in Defra's summer 2016 consultation 'Enhanced bovine TB surveillance and controls in the High Risk and Edge Areas of England'. The consultation included proposals to incorporate all counties that currently span between the Edge Area and High Risk Area (HRA) wholly into the Edge Area, and extend 6-monthly surveillance testing and radial testing within the Edge Area.

2. The NFU consulted members. There was a general acceptance that there was a need for greater surveillance and clearer understanding of the disease incidence and spread. We also fed back to Defra that there should only be one testing regime in each county, on the basis that split county testing would prove confusing and could create trading and farm management issues, including accidental non-compliances. We asked for clarification of trigger points and exit strategies for radial testing areas and for reductions in testing frequency. We also called for reassurance that badger culling in the Edge Area would remain a viable policy option.
3. There is a huge diversity in TB incidence and disease reservoir across the Edge Area. For some (Derbyshire) for instance, there seems little sense in diverting too far from the HRA area policy when both share a badger disease reservoir and veterinary epidemiology shows that disease is endemic in the wildlife. The link has also been made that moving whole counties into an Edge area will enable badger vaccination to take place – the NFU would like to reinforce the recognised fact that badger vaccination applied in areas of endemic badger infection has little beneficial effect. The best form of wildlife control in TB endemic areas (endemic in badgers) is culling.
4. NFU members have taken a great deal on trust that ongoing changes to the cattle testing regime will bring about substantive, but positive, reductions in disease incidence. At the time of writing, the TB statistics for England show that whilst there is a 1% drop in new herd incidents in the 12 months to June 2017 compared to the 12 months to June 2016, there has been a 4% rise in cattle slaughtered over the same time period and a 6% rise in the number of herds not officially TB free at the end of the period due to a bTB incident. For many of our members, this does not suggest a successful eradication strategy is in play. This brings a sense of frustration to the Edge Area cattle keepers who are very conscious that their Edge Area is often reported as showing the highest increases in new disease incidence so whilst some feel it is logical to look for disease by conducting more testing, others feel that more testing without a positive approach to badger control is a futile and expensive exercise.
5. In later discussions with Defra, we also requested that farmers should be given sufficient warning of the changes to allow time to adapt to the new testing regimes. Defra stated an intention to involve representative organisations in any policy implementation process which followed.
6. The NFU has a very robust process for consulting its membership: a process which is driven by the democratic structure of the organisation and which works from ground level up to central / Officeholder sign off.
7. However, over the last few months, Defra have been using the network of local TB Eradication Groups and open farmer meetings in affected counties to ‘consult’ and communicate their intentions for the policy going forward. The NFU has had minimal involvement in these meetings, and we have expressed our concern to Defra that many farmers will be unaware of the impending proposals and the impacts on their businesses. There is also a concern that these meetings, and the Local TB Eradication Groups were not accountable to anyone other than the individuals within the audiences, and did not have any representative structure. It is inappropriate for Defra to view these groups as policy forming collectives or to use them in such a way that the recognised consultation pathway of using industry stakeholders, such as the NFU, gets marginalised and ultimately bypassed.
8. Defra are currently consulting on proposals to simplify surveillance testing in the HRA. This consultation (closing date 29th Sept) includes 9 proposals, divided into 16 questions, with themes around:
 - Streamlining and simplifying TB testing in the HRA
 - Using compensation to ‘improve the implementation of control measures and to incentivise on farm practises that reduce disease risk’

- Extending the role of private vets to improve TB control
9. A proposal for earned recognition in relation to surveillance testing is included. Defra have suggested that if this HRA consultation proposal is received favourably, then the same earned recognition protocols could be applied in the Edge Area 6-monthly testing counties on January 1st 2018 alongside the policy changes detailed in this paper.
 10. It has come to the NFU's attention that farmers attending the Defra meetings have not had this aspect of the policy explained to them, and it was not highlighted as a potential policy development in the summer 2016 consultation. The NFU does not feel that this potential policy review has been subject to a full and proper consultation.
 11. Following a wide consultation exercise, involving members from all areas and testing frequency, the NFU's response to earned recognition, provided as part of the HRA Consultation, and answering questions relating to HRA Proposal 1, is provided below:

'The NFU does not support biennial testing in the HRA. In the HRA, and some Edge areas, where the wildlife reservoir is significant, you cannot assume that a closed herd will continue to provide protection. This proposal could just result in disease going undisclosed for longer periods of time and could undermine the efforts of the wider environment. There needs to be a consistent testing regime across the whole of the HRA.

*Tenant farmers can have unique business needs relating to their legal liabilities and contractual conditions. **Feedback from our Tenant Forum suggests that tenant farmers may prefer annual testing over biennial testing** on the basis that it allows earlier diagnosis and the ability to offer a greater degree of control over the situation. In turn, this would allow a tenant to move or relocate holdings, especially where a tenancy agreement was due to terminate.*

The NFU does not support the use of CheCS as a risk based trading tool for TB eradication and therefore does not support its inclusion as a criteria point. The NFU is not prepared to support the inclusion of CheCS as suggested in this consultation – that is with a comment in the annex that 'The proposed CheCS accreditation levels [...] are not final and open for consultation'. Whilst the NFU is willing to play a key role as a major industry stakeholder in any such consultation process, we cannot commit our members' support based as it would be now on high level principles and with no detail.

*This position has also been discussed in a **Defra TB Biosecurity Strategy** meeting, held in Defra on the 14th Sept. The NFU's position was also complemented by invitees to a Defra Biosecurity workshop in the summer. Defra appeared initially unwilling 'to risk their reputation by doing a U-turn' on CheCS even in the face of such negative feeling. **At the Biosecurity Strategy meeting the NFU representative suggested that Defra could instead demonstrate positive attributes by listening to stakeholders and working with the NFU to develop risk based trading tools which worked for both the industry and the eradication of bTB.***

*The NFU is supportive of risk based trading (RBT) where it can be linked to earned recognition and the creation of a more profitable and sustainable cattle (and other livestock) sector. **We do not however feel that CheCS is an appropriate RBT solution for TB control.***

There have been many discussions between Defra TB policy teams, CHeCS and the National Livestock and Dairy Boards within the NFU. Those discussions have consistently concluded our concerns as:

- a) *A perception that the scheme (for bTB) is not practical or workable on farm.*
 - b) *The CheCS TB scheme does little to reduce the risk imposed on farms by wildlife, or through the bad practise of a few cattle keepers in an area.*
 - c) *Whilst ‘incentives’ are being discussed including linking CHeCS to compensation, giving ‘sign-ups’ improved access to a new TB Advisory Service, seeing Government subsidise CHeCS membership renewal fees, etc, there is a feeling amongst members that these are more about forcing farmers to join the scheme. If the scheme was genuinely valued by farmers and their vets as a route to reduce TB incidence on farm, then these ‘incentives’ wouldn’t be needed.*
 - d) *Conversely CHeCS is viewed in a more positive light by those in areas with reduced disease incidence and badger / cattle infectivity potential. In these areas biosecurity measures can provide genuine risk mitigation.’*
12. NFU staff and members are deeply concerned that Defra have not provided any criteria or exit strategy around additional testing proposals. In a meeting with Defra and NFU staff on the 9th August 2017, the issue raised by farmers in Warwickshire of a ‘sunset clause’ was developed further. It was suggested to Defra that farmers needed to understand what success looked like in the Edge Area, and when any increased testing regimes would be rolled back. Defra agreed that objective criteria, specifically detailing when 6-month testing could be reduced to annual with / or without radial testing could be developed. We look forward to seeing this actioned by Defra.
13. At this stage, the NFU is concerned that members have not been given sufficient information or opportunity to question Defra’s proposals. Consequently, the NFU negotiated a short window with Defra to informally consult its members on the planned changes for the Edge Area.
14. The question document which the NFU circulated to members is provided as an Appendix to this document. The questions were debated at various meetings throughout the Edge Area, and were posted online for individual members to join the conversation. The following paragraphs provide a summary of those discussions and opinions.

Specific questions to NFU Members and their answers

15. **Defra’s proposals to introduce 6-monthly or radial testing regime to all parts of the Edge Area, based on epidemiology and disease incidence**
- a) Whilst there is a certain logic here; if you want to find disease, then it makes sense to conduct more testing, and consolidate testing frequency to set periods with an aim of reducing business disruption, the NFU cannot give full and unconditional support. Our reasons are set out below:
 - i. In areas of the Edge where badgers are a known and significant source of disease, the majority view was that any move to increase the frequency of cattle testing would prove an unacceptable burden on the farming businesses unless badger culls were implemented as a parallel policy. There was strong feeling that this should be paid for by the Government, not the farmer, and that this was the price which must be paid for government’s failure to control the disease over previous decades.

- ii. Radial testing was viewed by some with trepidation as they felt that they had no control over testing frequency and could end up under restriction through no fault of their own. A point was made that with no information shared (because of confidentiality concerns) about 'index' cases, farmers could feel very isolated and 'business vulnerable' as they had no way to understand or deal with, the business uncertainty facing them.
 - iii. NFU members felt that it would be better to introduce annual testing across the HRA and Edge Area, with badger culling implemented where justified by the epidemiological intelligence. It was felt unfair to continually place increased testing burdens and restrictions on farms which had no means to control almost half of the disease reservoir – this was not felt to be an acceptable eradication policy.
 - iv. The proposed additional use of gamma testing was not supported as it was felt that where disease was being maintained in an uncontrolled wildlife reservoir (badgers), farmers would be faced with significant and ongoing herd losses, which when paralleled with the current TB compensation levels, which do not equal market value, would prove financially unsustainable for many businesses.
 - v. I refer again to the point made in paragraph 12 about objective criteria.
- b) NFU members must have confidence that **testing flexibility is built into the system** from the start, and that it will remain a priority with APHA resourcing and testing abilities. **The NFU suggests that testing is brought in in a phased approach, with consideration given to key management times throughout the year when testing could be conducted with as little disruption as possible on farms.** For example, beef units will be better suited to testing regimes which coincide with winter housing periods, whereas dairy units could be tested throughout the year (accepting flexibility needs to be built in around calving and where dry cows are located away from the main holding).
- a) **A further suggestion from the HRA consultation which should be considered here, was that instead of dictating that testing was conducted every 6 months, cattle keepers should, in consultation with APHA, be given leave to have 2 tests in a year.** This would, of course, have to acknowledge and mitigate the risks of desensitising animals to the skin test but would allow farmers to fit testing in around housing and turnout, which is often more of an 4:8months ratio.
- b) The NFU is concerned that the veterinary profession will not be able to cope with the changes in testing being proposed. We have also made this point in our response to the HRA consultation – we need to know that Defra, APHA and the veterinary representative bodies are genuinely invested in ensuring that our concern is unfounded. A private veterinary surgeon in Derbyshire has already expressed his reservations at the need for increased testing in Derbyshire – this will be expanded on in paragraph 23, but he has also stated that if increased testing comes in, his practice will have to pull out of TB testing as the cost of hiring in the required additional vets to TB test will not be recouped by the VDC payment model.
- c) If a farmer has a late test, he will be placed under movement restrictions and the RPA will penalise him. Whilst there is a mechanism for an appeal, it is a relatively passive mechanism, with the initial assumption that the farmer is at fault, and therefore herd restrictions, financial penalties and increases in inspection frequency are the automatic response. Whilst the farmer can appeal, and we have been verbally assured that if testing was delayed through no fault of

the farmer, the appeal would be successful; this is not an acceptable situation. **Defra should develop a process which can quickly and manually over-ride the RPA / overdue testing intolerance protocol, with the aim of saving the cattle keeper from any additional financial and emotional strain caused by possible veterinary resource limitations. If an override mechanism can't be developed, then we call on the RPA and APHA / Defra to expedite any appeal process and ensure that the cattle keeper is wholly compensated for any emotional and financial losses created as a consequence of this situation. We would also expect his risk status and inspection frequency to remain unaffected by this situation.**

- d) The NFU suggests that if this policy change is made, **there is a 12 month grace period** and any farmer who finds himself in the unfortunate position of being unable to test within the decreed timeframe is treated sympathetically and is not subject to the usual zero-tolerance penalties of late testing. We do not believe that this sympathetic response would detrimentally affect the efforts of the industry to eradicate disease in the HRA, but it would have a significant benefit to individual businesses struggling to cope with yet more policy changes.

16. **The inclusion of earned recognition options into the testing regime, including biennial testing and CHeCS accreditation**

- a) There was a lot of confusion about this whole concept. As already mentioned it had not been explained or mentioned in any of the meetings that Defra had organised so the first time that NFU members were aware of this was through the NFU's question document. This does not reassure the NFU, nor the NFU's members, of Defra's intentions to be transparent about this policy proposal. This surely requires full and proper consultation.
- b) As this policy proposal was effectively copied from the HRA consultation by Defra, NFU staff shared the HRA response with our members in the Edge Area (see paragraph 11). There was strong support for this shared position. In summary, whilst the NFU is supportive of risk based trading, we do not support CHeCS as a bTB management tool, nor is biennial testing in the Edge Area viewed as an appropriate testing regime.

Comments received which relate to particular counties, based on Defra's stated intentions. (Defra intentions in *italic font*)

Derbyshire – comments collated from various member meetings, including Derbyshire NFU County Group, E Mids NFU Joint Dairy and Livestock Board and informal discussions with local veterinary practices and farmers at the livestock market

17. *In 2015, Derbyshire Edge Area had an incidence of 5% (26 incidents, 10 OTFW) and prevalence of 2% whilst Derbyshire HRA had an incidence of 7% (82 incidents, 61 OTFW) and prevalence of 3%. Derbyshire Edge Area has been subject to radial testing since January 2014 and Derbyshire HRA has been subject to annual testing.*
18. *Radial testing cannot be instigated in Derbyshire HRA due to the high number of OTFW breakdowns; this would lead to overlapping radial testing zones and some cattle keepers being required to test more often than once every six months. Defra therefore proposes to instigate different testing policies in the current HRA and Edge parts of Derbyshire. The different testing policies follow the same boundary as the current split between the High Risk Area and Edge Area.*
19. *Defra propose that the Derbyshire HRA is redefined as Edge Area and is subject to 6-monthly surveillance testing. There will be no change to the current annual and radial testing in Derbyshire Edge Area.*
20. There is no support for reclassification of the whole of Derbyshire as Edge Area. To do so defies the logic that Edge Area designation was for areas on the edge of the HRA where it was believed TB was not endemic in the wildlife. Given the frequency of cattle TB breakdowns in the west of the county everybody, including APHA, are agreed that TB is endemic in that area. To claim the western area needs to become Edge Area so that a testing regime which is similar to that proposed in the rest of the HRA in England does not make sense, especially when the existing Edge Area in the county will retain its current testing regime.
21. The main objection for making the whole county Edge Area is that it allows the BEVS scheme to be applied anywhere in the county. It makes no sense encouraging the BEVS scheme where we know TB is endemic in the wildlife. It sends the wrong message to the public and the anti-cull supporters who will think Defra believe it is an alternative to culling in the HRA. It will make it more difficult to carry out an effective cull physically on the ground and also makes the justification for it more difficult to articulate. It gives the appearance that Defra does not have a coherent strategy.
22. Proposals to introduce 6-monthly or radial testing regime to all parts of the Edge Area, based on epidemiology and disease incidence are only supported if wildlife control is allowed as well, that was absolutely clear from the Derbyshire meeting. The time, expense and stress of extra testing is not justified unless the wildlife reservoir of disease is tackled. Failure to do so will mean extra testing will go on indefinitely as the disease will not be eradicated from the wildlife.
23. Members are not convinced that Defra's claims that the overall testing load will be equal to the current testing numbers for the vet practices. One major vet practice commented that if 6 monthly testing comes in they will pull out of testing altogether, they have lost £100,000 since the XL vet contract was imposed and to resource the staff for 6 monthly testing will cost them another £40,000.

24. This has not been properly consulted on; it was not part of the Defra presentations in June/ July. Most farmers and vets are not fully aware. There is concern over moving to biennial whilst the wildlife reservoir is not being tackled and the high incidence of TB in cattle continues in the western area of the county. This may be something that can be moved to once the incidence falls and wildlife reservoir is sorted.
25. Defra promised flexibility on the introduction of the 6 monthly testing so farms could adjust when their tests would be. If it is introduced from 01.01.18 then it gives no time for farms to bring forward this winter's test (most farms test when cattle are housed), this will mean the farms will have to test next summer when many cattle are grazed away from the main cattle handling facilities, and will have to be transported back. The introduction should be phased in over the next 12 months to allow farms and vet practices to adjust.
26. The consultation on these Edge Area proposals has been appalling. The NFU were asked to promote some Defra arranged meetings. This was done, but they were not chaired which meant they were rather chaotic and some of the issues got side tracked. The earned recognition proposals were not presented at those meetings and neither was the implication that the BEVS scheme would be rolled out countywide. The consultation has been flawed and has left the Defra TB strategy looking less like a comprehensive and well planned strategy.

East Sussex – 4 separate meetings held to discuss, unanimous response

27. *East Sussex is currently split between HRA and Edge Area.*
28. *There were 15 incidents in East Sussex Edge Area in 2015 (3% incidence and 2% prevalence). There is no clear evidence of clustering and only 1 breakdown was confirmed by lesions or culture. The source of infection is obscure for the majority of cases, and there is no clear evidence of badger infection.*
29. *In 2015, East Sussex HRA had 8 breakdowns (1 OTFW) with 6% incidence and 3% prevalence. Prevalence being half of incidence shows that the majority of breakdowns are resolved within 6 months. The low number of OTFW breakdowns has led to the proposal for radial testing to be implemented in the entire county as there is low risk of infection. Radial testing allows an area of enhanced surveillance and thereby helps to ensure that disease will not be left undetected within these areas. Defra feel that this is especially important in East Sussex to identify any potential sources of wildlife infection.*
30. *Defra have noted that some farmers considered the use of radial testing in the entire county to be unfair as some farms in the current High Risk Area are at risk of wildlife infection and may therefore be subject to a lot of testing. In response to this concern, Defra propose to review the testing protocol in East Sussex in 2019 and reassess if six monthly testing may be more appropriate in the TB endemic area.*
31. *Defra propose that East Sussex HRA is redefined as Edge Area and the entire county is subject to annual surveillance testing with radial testing around OTFW breakdowns.*
32. The East Sussex members were unanimously against the proposal and wish for the status quo to continue (i.e. keep East Sussex a split county)
33. They know that the HRA contains endemic TB in the wildlife. It is for this reason that there is no justification for changing the status.

34. In addition to the above, they believe that mandatory Gamma testing would have a seriously detrimental impact on their businesses. They feel it would not be beneficial to take out more cattle when there is recurring wildlife infection.
35. They would be willing to consider increased testing & more Gamma if there were badger controls in place.
36. Following the results of the roadkill badger survey (due soon) they would be willing to review their position as a HRA and so they would urge Defra not to change the status of the East Sussex HRA until these results are completed.

Hampshire – emailed to all Hampshire NFU members

37. *In 2015, Hampshire had 3% incidence (26 incidents, 12 OTFW) and 2% prevalence. Breakdowns are more likely in the Northwest of the county where there is a presumptive risk from the local badger population. It is recognised that the current controls will have difficulty reducing incidence in the next three years due to the diversity of sources of infection, and therefore a change is required.*
38. *Defra state that the proposal to introduce 6-monthly testing in the endemic area of Northwest Hampshire and annual testing with radial testing in the rest of Hampshire was widely accepted by local farmers and vets and that no-one commented on the delineation of the different testing regimes in the county, therefore suggesting that they agreed with the need to differentiate testing in the county due to variations in epidemiology.*
39. *Defra therefore propose that Northwest Hampshire is subject to 6-monthly surveillance testing and the rest of the county is subject to annual surveillance testing with radial testing around OTFW breakdowns.*
40. Members were supportive of NFU general comments regarding earned recognition, CHCS, etc.
41. Any testing proposal which increases the frequency of testing throughout the year needs flexibility built in, to allow testing at housing and pre-turnout.
42. Testing should be carried out in proportion to the risk, with recognition of the cost and disruption.
43. Members were generally supportive of the proposal for Hampshire but have called for wildlife control to be initiated in parallel.

Northamptonshire – emails and member meetings

44. *Northamptonshire is on track to achieve OTF status with a stable incidence of 3% (17 incidents, 8 OTFW) and prevalence of 1% in 2015. The county has a clustering of incidents in Daventry parish, thought to be due to infection creep in wildlife from Warwickshire and Oxfordshire.*
45. *Radial testing would occur in a 3km ring around OTFW cases in the county (8OTFW cases in 2015). The small number of OTFW breakdowns means radial testing would have a limited impact on farmers, whilst helping to determine if there is a source of wildlife infection in the area.*

46. *In response to the epidemiological evidence and a farmer meeting, Defra propose that Northamptonshire is subject to annual surveillance testing with radial testing around OTFW breakdowns.*
47. Members do not believe Defra has provided all of the tools to get on top of the disease.
48. The members want to see England on annual testing with pre movement testing or all post movement testing funded by Defra.
49. As APHA and Defra have both admitted that wildlife is one of the main sources of infection, they have to deal with the wildlife population.
50. Overall the main feeling is that 6 monthly tests are more practical than radials – gives the farmers more time to prepare, especially when cattle are grazing other fields which necessarily do not have the handling equipment etc.
51. Should evidence of a TB infected badger (via the Road Kill survey) trigger a radial test in cattle herds in the near locality as additional surveillance?

Nottinghamshire and Leicestershire

52. *In 2015, Nottinghamshire had 4% incidence (18 incidents, 5 OTFW) and Leicestershire had 4.5% incidence (43 incidents, 23 OTFW). 50% and 55% of all incidents in Leicestershire and Nottinghamshire respectively were disclosed at active surveillance, hence the importance of implementing better active surveillance in the form of radial testing.*
53. *Purchased infection is a major source of infection in Nottinghamshire and currently preventing the county from achieving OTF status. Farmers do not know when radial testing will occur and, to avoid the testing, are reliant on their neighbours not having an OTFW breakdown. Anecdotal evidence from Derbyshire Edge Area suggests that the introduction of radial testing created community pressure to responsibly purchase animals of lower TB risk and avoid risky purchasing practices. This may therefore help to reduce the number of breakdowns caused by purchased cattle in Nottinghamshire.*
54. *There are no M. bovis genotype home-ranges in Leicestershire, however there is evidence of the emergence of endemic disease in the Northeast. Radial testing allows an area of enhanced surveillance and thereby helps to ensure that disease will not be left undetected within these areas. Defra feel that this is especially important in Leicestershire to identify any potential areas of endemic infection.*
55. *Defra propose that annual surveillance testing with radial testing around OTFW breakdowns is introduced in Nottinghamshire and Leicestershire.*
56. Members didn't really understand the earned recognition aspects of the proposal so felt unable to comment – they have asked for more detail and a proper consultation.

Oxfordshire – NFU emails and member meetings

57. *The disease incidence in Oxfordshire Edge Area has steadily increased from just under 4% in 2011 to 9% in 2015. In 2015 it had a prevalence of 5% (37 incidents, 22 OTFW). Epidemiological evidence suggests that infection is often introduced to many of the affected herds as a result of purchase of*

(undisclosed) infected cattle. Advice suggests that action needs to be taken to change purchasing behaviour.

58. *In 2015, Oxfordshire HRA had 25% incidence and 15% prevalence (25 incidents, 18 OTFW). Badger infection and purchase of (undisclosed) infected cattle are considered to be the drivers of infection in the area.*
59. *Due to the high level of disease in Oxfordshire, Defra proposes that Oxfordshire HRA is redefined as Edge Area and the entire county is subject to 6-monthly surveillance testing.*
60. Unless the wildlife reservoir can be tackled effectively, members would not support increased cattle testing. Culling was preferred over vaccination.
61. The costs and burden on the farming sector will be too great and there is no confidence that the veterinary community would be able to cope with additional testing.
62. There is support for the increased use of local veterinary knowledge for TB control.

Warwickshire – a lot of interest, email exchanges and member meetings, including at County level

63. *In 2015, Warwickshire HRA had 22% incidence and 12% prevalence (45 incidents, 35 OTFW) whilst the Edge Area had 7% incidence and 4% prevalence (26 incidents, 12 OTFW). Radial testing cannot be instigated in Warwickshire due to the high number of OTFW breakdowns; this would lead to overlapping radial testing zones and some cattle keepers being required to test more often than once every six months.*
64. *Defra held two consultative meetings with farmers, vets and the NFU in Warwickshire. At both meetings, farmers were accepting of the need for six monthly testing, but only if they could conduct badger culling in the county (epidemiological evidence suggests the main source of infection is wildlife (47%) with cattle movements second at less than 30%).*
65. *Defra propose moving the whole of Warwickshire to fully Edge Area, with 6-monthly testing.*
66. 6 monthly testing across the whole county of Warwickshire will increase the testing and subsequent breakdown burden on herds within the county.
67. Annual testing with parallel wildlife control and compulsory Government funded PrMT and PoMT is more appropriate.
68. The testing burden will be most strongly felt by those with large and particularly extensive (suckler) herds with grass keep ranging over a wide area.
69. Large suckler herds, once turned out at grass (and with calves at foot) are difficult to manage and therefore less suitable to test. There is an animal welfare and human safety compromise potentially here.
70. If implemented there would need to be a huge degree of flexibility and time allowance to cater for those herds where testing is more challenging.

71. If adopted as drafted, a phased approach (not 1st Jan 2018) to implementation would have to be introduced to enable herds and their vets the time to adapt to the changes (or else all will be trying to book their test at the same time).
72. Warwickshire, and the whole country, needs to see a dramatic improvement in the number of days taken to remove reactors (should be 10 days but often isn't). Is it only right that APHA should be penalised when they fail to meet the deadline?
73. Members are against any proposal for radial testing.
74. With wildlife control some years away for large parts of the county of Warwickshire, is it right to simply keep increasing the testing rate of herds whilst nothing is being done about the wildlife?
75. As a counter to the earned recognition aspects of the proposal, it was suggested that those embarking on 'irresponsible (or illegal) behaviour' should be dealt with via the current regulations.
76. Concerns were also raised about the availability, and practical issues surrounding more use of the gamma interferon test.
77. With regard to CHECS, there was a particular response which warrants being recorded:
 'The highest level attainable through the scheme means the herd has not had a breakdown for 10 or more years. A herd not in the scheme that has not had a breakdown for 10 or more years is at exactly the same risk level, so how does this help.
 All animals should be pre movement tested. All herds should be tested annually. This keeps it simple to understand, without having to check what area an animal comes from. The fact that a herd can retain CheCs accredited Tb status even if the herd subsequently loses the OFT status is a nonsense.'

Appendix 1: The NFU's explanatory information and questions posed to members

The proposed policy changes

- I. The first proposed change is to reclassify the following counties as fully in the Edge Area (currently part Edge and part HRA): Oxfordshire, Warwickshire, Derbyshire, Cheshire and East Sussex.
- II. The second proposed change is to increase the sensitivity of surveillance testing by extending 6-monthly testing or radial testing to all parts of the Edge Area as follows:
 - a. 6-monthly herd testing in Warwickshire, Oxfordshire, Cheshire, West Berkshire, Northwest Hampshire and West Derbyshire (ie where incidence of the disease is highest and where radial testing may be impractical or administratively complex)
 - b. Radial testing will be triggered where a post-mortem or tissue culture confirms M.bovis (Officially TB Free Withdrawn = OTFW)

The differences in testing regimes reflects the differences in disease incidence, and the surveillance regime that veterinary advice within Defra / APHA recommends will be most effective in specific areas.

County	Current boundaries	Current testing regime(s)	Proposed changes
Berkshire	Fully Edge	Annual	Berkshire West ¹ 6 monthly testing
			Berkshire East ² Annual with radial testing
Buckinghamshire	Fully Edge	Annual	Annual, with radial testing
Cheshire	Part Edge & part HRA	Cheshire South (HRA) Annual	Fully Edge- 6 monthly testing
		Cheshire North (Edge) 6 monthly testing	NO CHANGE in testing regime
Derbyshire	Part Edge & part HRA	Derbyshire West (HRA) Annual	Fully Edge- 6 monthly testing
		Derbyshire (Edge) Annual with radial testing	NO CHANGE in testing regime
East Sussex	Part Edge & part HRA	Annual	Fully Edge- Annual, with radial testing
Hampshire	Fully Edge	Annual	Hampshire North West ³ - 6 monthly testing
			All other areas- Annual with radial testing
Leicestershire, Northamptonshire and Nottinghamshire	Fully Edge	Annual	Annual, with radial testing
Oxfordshire and Warwickshire	Part Edge & part HRA	Annual	Fully Edge- 6 monthly testing

Notes ¹ Approximately the area west of Reading. ² Approximately the area east of Reading. ³ NW corner delineated approximately by the A34 road to the East and the A303 (or A342) road to the South

- III. Defra is proposing two levels of earned recognition. Earned recognition would mean all herds are subject to 6-monthly testing by default, and annual or biennial testing is undertaken on herds that meet any of the following criteria:

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- **Annual:** The herd has been in existence for at least 10 years and has never had a TB Breakdown; or
 - **Annual:** The herd has been in existence for at least 6 years, has not had a TB breakdown in that six year period and has not had cattle from the High Risk Area added to it in the last five years; or
 - **Annual:** The herd is Cattle Health Certification Standards (CHeCS) accredited at levels 5 to 9;
 - **Biennial:** The herd has been in existence for at least 10 years, has never had a TB breakdown and has not had cattle from the High Risk Area added to it in the last five years; or
 - **Biennial:** The herd is CHeCS accredited at level 10.
78. The six counties affected by the changes are: Warwickshire, Oxfordshire, West Berkshire, North-west Hampshire, Derbyshire and Cheshire. Defra expects the impact on the total number of tests of the new proposal in the Edge Area counties to be similar to that expected in the HRA, where the same changes have been proposed – they summarise these as no increase in the total number of tests although acknowledge that higher risk herds will be tested more frequently. The new proposal will affect approximately 4,369 herds across these six counties.

Defra's anticipated benefits of implementing the new proposal

79. Firstly, the 6-monthly tests will replace a selection of the various enhanced surveillance tests currently used. Under the new proposal of default 6-monthly testing with earned recognition, the total number of tests will be lower still compared to the original proposal of purely six month testing. Farmers able to take advantage of this should receive fewer visits than forecasted under the original proposal.
80. Secondly, less frequent testing measures for low risk TB herds will be less intrusive for cattle keepers and aims to recognise the efforts that some herd owners have made to increase their resilience to the disease by allowing them to remain on annual or biennial routine surveillance testing.
81. Thirdly, earned recognition may provide an incentive for cattle keepers to take steps to remain Officially TB Free (OTF), and may encourage cattle keepers to sign up for CHeCS thereby reducing their future TB risk.
82. Originally, the move to 6-monthly testing without any plans to bring in earned recognition, would lead to an additional 152,857 (+15.3%) individual animal tests, and an additional 1,811 herd tests (+24.6%) across Edge Area counties.
83. Defra do not anticipate the move to 6-monthly surveillance testing with earned recognition to significantly increase the testing burden on farmers, because: the lowest TB risk herds will move to biennial testing; lower TB risk herds will retain annual testing; and herds moved to 6-monthly testing would no longer be subject to other ad-hoc tests.
84. Defra suggest that the new proposal will help to implement a clearer, more risk based testing regime and focuses the more rigorous testing on the higher TB risk herds. They anticipate the proposal will help to find disease earlier, remove reactors earlier and reward lower TB risk herds with less frequent testing. Defra suggests that if the response to the current consultation earned recognition proposal is favourable, that the new proposal is implemented in the Edge Area six monthly testing counties as well.

Changes on a county-by-county basis (epidemiology and commentary has been provided by Defra)

Berkshire

85. Berkshire has low incident numbers and a few persistently infected herds in the west of the county. Incidence¹ in 2015 was stable at 7% (13 incidents, 8 OTFW) and prevalence² continued to increase to 6%.
86. The high prevalence is due to a cluster of breakdowns in **West Berkshire** where there is high cattle density and endemic wildlife infection. Defra propose to introduce 6-monthly testing in this area to ensure that disease is detected earlier to reduce the chance of onward transmission.
87. **East Berkshire** has lower cattle density, no evidence of wildlife infection, does not have persistently infected herds and most infection is introduced through purchase. Defra therefore propose to introduce radial testing in this area to reduce the opportunity for disease to spread between herds.

Buckinghamshire

88. Buckinghamshire is on a pathway to achieve Officially TB Free (OTF) status with a stable incidence of 2.6% (13 incidents, 5 OTFW) and prevalence of 1.6% in 2015. TB does not seem to have been established in this area and appears sporadically, mainly introduced through purchased cattle. There is also an element of residual / recrudescence infection within some herds.
89. Under the proposal, the 5 OTFW breakdowns in 2015 would lead to the instigation of five radial testing zones in the county. Defra considers that more testing is required to lower the incidence of disease in Buckinghamshire to ensure it can achieve OTF status in the near future. 6-monthly testing would be disproportionate due to the low number of breakdowns in the county. Defra therefore proposes to introduce annual surveillance testing with radial testing around OTFW breakdowns.

Cheshire

90. Cheshire Edge Area had an incidence of 10% (112 incidents, 73 OTFW) and prevalence of 4% in 2015. The level of disease is the highest of any Edge Area county, but many breakdowns resolve within six months. Cheshire High Risk Area had an incidence of 13% (32 incidents, 20 OTFW) and prevalence of 4% in 2015.
91. Data from the Edge Area of Cheshire suggests that the introduction of 6-monthly testing in January 2015 meant that 36 new breakdowns were disclosed six months earlier (33% of the total new cases in the Edge Area of Cheshire).

¹ **Incidence** is a rate which is worked out by dividing the number of new incidents (the numerator) by the total amount of time the herds tested during the period in question were unrestricted and at risk of infection since the end of their last TB incident or negative herd test (the denominator).

² **Prevalence** is a headline measure of TB, and shows the proportion of herds under restriction as a result of a TB incident. This measure is the number of herds not officially TB-free due to an ongoing TB incident (the nominator) at the end of each reporting period shown as a proportion of the number of active cattle herds registered on Sam at the of each reporting period (the denominator).

92. Defra propose to re-define the HRA part of Cheshire as Edge Area and implement 6-monthly testing in all of Cheshire.

Derbyshire

93. In 2015, Derbyshire Edge Area had an incidence of 5% (26 incidents, 10 OTFW) and prevalence of 2% whilst Derbyshire HRA had an incidence of 7% (82 incidents, 61 OTFW) and prevalence of 3%. Derbyshire Edge Area has been subject to radial testing since January 2014 and Derbyshire HRA has been subject to annual testing.
94. Radial testing cannot be instigated in Derbyshire HRA due to the high number of OTFW breakdowns; this would lead to overlapping radial testing zones and some cattle keepers being required to test more often than once every six months. Defra therefore proposes to instigate different testing policies in the current HRA and Edge parts of Derbyshire. The different testing policies follow the same boundary as the current split between the High Risk Area and Edge Area.
95. Defra propose that the Derbyshire HRA is redefined as Edge Area and is subject to 6-monthly surveillance testing. There will be no change to the current annual and radial testing in Derbyshire Edge Area.

East Sussex

96. East Sussex is currently split between HRA and Edge Area.
97. There were 15 incidents in East Sussex Edge Area in 2015 (3% incidence and 2% prevalence). There is no clear evidence of clustering and only 1 breakdown was confirmed by lesions or culture. The source of infection is obscure for the majority of cases, and there is no clear evidence of badger infection.
98. In 2015, East Sussex HRA had 8 breakdowns (1 OTFW) with 6% incidence and 3% prevalence. Prevalence being half of incidence shows that the majority of breakdowns are resolved within 6 months. The low number of OTFW breakdowns has led to the proposal for radial testing to be implemented in the entire county as there is low risk of infection. Radial testing allows an area of enhanced surveillance and thereby helps to ensure that disease will not be left undetected within these areas. Defra feel that this is especially important in East Sussex to identify any potential sources of wildlife infection.
99. Defra have noted that some farmers considered the use of radial testing in the entire county to be unfair as some farms in the current High Risk Area are at risk of wildlife infection and may therefore be subject to a lot of testing. In response to this concern, Defra propose to review the testing protocol in East Sussex in 2019 and reassess if six monthly testing may be more appropriate in the TB endemic area.
100. Defra propose that East Sussex HRA is redefined as Edge Area and the entire county is subject to annual surveillance testing with radial testing around OTFW breakdowns.

Hampshire

101. In 2015, Hampshire had 3% incidence (26 incidents, 12 OTFW) and 2% prevalence. Breakdowns are more likely in the Northwest of the county where there is a presumptive risk from the local badger population. It is recognised that the current controls will have difficulty reducing incidence in the next three years due to the diversity of sources of infection, and therefore a change is required.

102. Defra state that the proposal to introduce 6-monthly testing in the endemic area of Northwest Hampshire and annual testing with radial testing in the rest of Hampshire was widely accepted by local farmers and vets and that no-one commented on the delineation of the different testing regimes in the county, therefore suggesting that they agreed with the need to differentiate testing in the county due to variations in epidemiology.
103. Defra therefore propose that Northwest Hampshire is subject to 6-monthly surveillance testing and the rest of the county is subject to annual surveillance testing with radial testing around OTFW breakdowns.

Northamptonshire

104. Northamptonshire is on track to achieve OTF status with a stable incidence of 3% (17 incidents, 8 OTFW) and prevalence of 1% in 2015. The county has a clustering of incidents in Daventry parish, thought to be due to infection creep in wildlife from Warwickshire and Oxfordshire.
105. Radial testing would occur in a 3km ring around OTFW cases in the county (8OTFW cases in 2015). The small number of OTFW breakdowns means radial testing would have a limited impact on farmers, whilst helping to determine if there is a source of wildlife infection in the area.
106. In response to the epidemiological evidence and a farmer meeting, Defra propose that Northamptonshire is subject to annual surveillance testing with radial testing around OTFW breakdowns.

Nottinghamshire and Leicestershire

107. In 2015, Nottinghamshire had 4% incidence (18 incidents, 5 OTFW) and Leicestershire had 4.5% incidence (43 incidents, 23 OTFW). 50% and 55% of all incidents in Leicestershire and Nottinghamshire respectively were disclosed at active surveillance, hence the importance of implementing better active surveillance in the form of radial testing.
108. Purchased infection is a major source of infection in Nottinghamshire and currently preventing the county from achieving OTF status. Farmers do not know when radial testing will occur and, to avoid the testing, are reliant on their neighbours not having an OTFW breakdown. Anecdotal evidence from Derbyshire Edge Area suggests that the introduction of radial testing created community pressure to responsibly purchase animals of lower TB risk and avoid risky purchasing practices. This may therefore help to reduce the number of breakdowns caused by purchased cattle in Nottinghamshire.
109. There are no *M. bovis* genotype home-ranges in Leicestershire, however there is evidence of the emergence of endemic disease in the Northeast. Radial testing allows an area of enhanced surveillance and thereby helps to ensure that disease will not be left undetected within these areas. Defra feel that this is especially important in Leicestershire to identify any potential areas of endemic infection.
110. Defra propose that annual surveillance testing with radial testing around OTFW breakdowns is introduced in Nottinghamshire and Leicestershire.

Oxfordshire

111. The disease incidence in Oxfordshire Edge Area has steadily increased from just under 4% in 2011 to 9% in 2015. In 2015 it had a prevalence of 5% (37 incidents, 22 OTFW). Epidemiological evidence suggests that infection is often introduced to many of the affected herds as a result of purchase of

(undisclosed) infected cattle. Advice suggests that action needs to be taken to change purchasing behaviour.

112. In 2015, Oxfordshire HRA had 25% incidence and 15% prevalence (25 incidents, 18 OTFW). Badger infection and purchase of (undisclosed) infected cattle are considered to be the drivers of infection in the area.
113. Due to the high level of disease in Oxfordshire, Defra proposes that Oxfordshire HRA is redefined as Edge Area and the entire county is subject to 6-monthly surveillance testing.

Warwickshire

114. In 2015, Warwickshire HRA had 22% incidence and 12% prevalence (45 incidents, 35 OTFW) whilst the Edge Area had 7% incidence and 4% prevalence (26 incidents, 12 OTFW). Radial testing cannot be instigated in Warwickshire due to the high number of OTFW breakdowns; this would lead to overlapping radial testing zones and some cattle keepers being required to test more often than once every six months.
115. Defra held two consultative meetings with farmers, vets and the NFU in Warwickshire. At both meetings, farmers were accepting of the need for six monthly testing, but only if they could conduct badger culling in the county (epidemiological evidence suggests the main source of infection is wildlife (47%) with cattle movements second at less than 30%).
116. Defra propose moving the whole of Warwickshire to fully Edge Area, with 6-monthly testing.

Additional commentary reported from some of the farmer meetings

117. Farmers noted that the testing burden will be most strongly felt by those with large and particularly extensive (suckler) herds which graze over a wide area. Large suckler herds once turned out at grass (and with calves at foot) are difficult to manage and therefore less suitable to test. There would need to be a huge degree of flexibility and time allowance to cater for those herds where testing is more challenging and to ensure testing can fit around when animals are put out to graze in the summer and brought in in the autumn. In response, Defra suggest that there would be a 60 day testing window for each test and farmers are given both testing dates for a 12 month period so they can more easily plan their testing commitments.
118. For those counties facing 6-monthly testing, a suggestion of a sunset clause of the testing regime to ensure it will not continue if disease incidence does not fall was made to Defra. In response, Defra have said that they will create objective criteria by which to assess when a county should change from 6-monthly testing to annual testing with radial testing. The epidemiological information from each county will be reviewed against these criteria on an annual basis to assess the impact of the testing policy on disease levels and to allow appropriate policy changes to be made as required.
119. Many farmers expressed frustration at the lack of progress of rolling out badger culling in Edge Areas where wildlife was recognised to be part of the disease picture.

Some additional information to consider

120. As mentioned in Paragraph 7, the NFU is currently consulting on Defra's proposals to simplify surveillance testing in the HRA. Our draft response to that consultation can be found on NFUOnline but the relevant response to earned recognition / risk based trading is provided in the following paragraphs:

Defra Question: Do you agree with the suggested criteria for annual or biennial surveillance testing for herds in the HRA?

A3. *Tenant farmers can have unique business needs relating to their legal liabilities and contractual conditions. **Feedback from our Tenant Forum suggests that tenant farmers may prefer annual testing over biennial testing** on the basis that it allows earlier diagnosis and the ability to offer a greater degree of control over the situation. In turn, this would allow a tenant to move or relocate holdings, especially where a tenancy agreement was due to terminate.*

The NFU does not support the use of CHeCS as a risk based trading tool for TB eradication and therefore does not support its inclusion as a criteria point. The NFU is not prepared to support the inclusion of CHeCS as suggested in this consultation – that is with a comment in the annex that 'The proposed CHeCS accreditation levels [...] are not final and open for consultation'. Whilst the NFU is willing to play a key role as a major industry stakeholder in any such consultation process, we cannot commit our members' support based as it would be now on high level principles and with no detail.

- I. *The NFU is supportive of risk based trading (RBT) where it can be linked to earned recognition and the creation of a more profitable and sustainable cattle (and other livestock) sector. We do not however feel that CheCS is an appropriate RBT solution for TB control.*
- II. *There have been many discussions between Defra TB policy teams, CHeCS and the National Livestock and Dairy Boards within the NFU. Those discussions have consistently concluded our concerns as:*
 - *A perception that the scheme (for bTB) is not practical or workable on farm.*
 - *The CheCS TB scheme does little to reduce the risk imposed on farms by wildlife, or through the bad practise of a few cattle keepers in an area.*
 - *Whilst 'incentives' are being discussed including linking CHeCS to compensation, giving 'sign-ups' improved access to a new TB Advisory Service, seeing Government subsidise CHeCS membership renewal fees, etc, there is a feeling amongst members that these are more about forcing farmers to join the scheme. If the scheme was genuinely valued by farmers and their vets as a route to reduce TB incidence on farm, then these 'incentives' wouldn't be needed.*
 - *Conversely CHeCS is viewed in a more positive light by those in areas with reduced disease incidence and badger / cattle infectivity potential. In these areas biosecurity measures can provide genuine risk mitigation.*

121. Defra have committed that 6-monthly and radial tests will be funded by Government.

122. The interferon-gamma blood test is a supplementary test used alongside the tuberculin skin test to maximise the probability of detecting infected animals in TB breakdown herds. Gamma testing is a

mandatory test for all TB breakdown herds located in the Edge Area which have animals that are lesion and/or culture positive. Gamma testing will still be a feature of the Edge Area policy.

Questions to NFU members

1. Do you farm in any of the below counties: (Please tick all of those which apply)
 - a. Berkshire
 - b. Buckinghamshire
 - c. Cheshire
 - d. Derbyshire
 - e. East Sussex
 - f. Hampshire
 - g. Leicestershire
 - h. Northamptonshire
 - i. Nottinghamshire
 - j. Oxfordshire
 - k. Warwickshire
2. What is your main cattle farming business?
3. Do you agree that Oxfordshire, Warwickshire, Derbyshire, Cheshire and East Sussex should be reclassified and integrated fully into the Edge Area of England for the purposes of TB testing?
4. Do you agree with Defra's proposals to introduce 6-monthly or radial testing regime to all parts of the Edge Area, based on epidemiology and disease incidence?
 - a. Do you have any comments on the overall Edge Area testing proposal?
 - b. Do you have any comments on the Edge Area testing proposal as it relates to your particular county?
5. What are your thoughts on including earned recognition options into the testing regime?
6. Do you think earned recognition options will help to incentivise responsible behaviour?
7. Do you have any comments on using CHECS as a tool for TB control, as suggested by Defra?
8. Is 2 year (Biennial) testing appropriate for the Edge Area?
9. Do you have any additional comments you wish to make?