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Llywodraeth Cymru
Welsh Government

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Mike Hedges AM
Chair
Climate Change, Environment and Rural Affairs Committee

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February 2018

Dear Mike

Thank you for your letter of 19 December regarding the Bovine TB Eradication Programme. As you are aware, our refreshed TB Eradication Programme, which now includes a regionalised approach to disease eradication, took effect from 1 October.

You refer to my Written Statement of 12 December which concerned the publication of targets for TB eradication for each of the TB Areas and for Wales as a whole. I welcome a future discussion at the Climate Change, Environment and Rural Affairs Committee on the subject of targets.

In your letter you ask for clarification on a number of aspects of the TB Eradication Programme. I will respond to these points in the order in which they have been raised.

TB Testing

The Welsh Government is committed to utilising the latest science and technology to advance and benefit our TB Eradication Programme. This, of course, includes the latest developments and research into new TB tests. I recognise work on the development of a number of new tests is currently being undertaken in the UK by a number of individuals and organisations. I take a keen interest in all developments in respect of new TB tests.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I am familiar with the work of Dick Sibley in Devon on the phage and Polymerase Chain Reaction (PCR) tests. Professor Christianne Glossop, the Chief Veterinary Officer for Wales, has a good working relationship with Dick and has visited the farm in Devon where this work is taking place. Christianne has been in contact with Cath Rees on the subject of the phage test for some time. Under a shared TB research budget, Defra and Welsh Government have invested in the development of diagnostic tests to detect *M.bovis* in badger faeces. Most recently, under Defra Project Code SE3289, a study was funded to comparatively assess diagnostic methods for detection of *M.bovis* in badger faeces. The research found no test met the pre-defined criteria for test performance, although a PCR test developed by Warwick University was the best overall performing test. However, its borderline performance against some criteria highlight areas which may need further assessment and validation to fully understand the performance characteristics and utility of the test and hence determine if, and how, it could be best applied in the field.

While keeping a watching brief on the development of new TB tests under development, it is the responsibility of the industry to arrange for validation of these tests. Under the Tuberculosis (Wales) Order 2010 (as amended) Welsh Ministers can approve another form of diagnostic test in addition to the skin test (or the gamma interferon test, which is approved as a supplementary test by the European Union). However, clearly, Welsh Ministers cannot approve another form of testing without scientific evidence to support its accuracy. There would be risk of legal challenge concerning use of the test and the grounds on which cattle could be slaughtered if it reacts positively to an unvalidated test.

It is for the developers and manufacturers of diagnostic tests to fund the validation of their new tests to the standards required by the OIE (the World Organisation for Animal Health). The Animal and Plant Health Agency (APHA) has explained the steps in the validation process and offered assistance with sample collection and expert advice to all manufacturers of potential tests for TB in cattle (and other species of interest). Notwithstanding the need for test validation, while the United Kingdom remains in the European Union and has an approved TB Eradication Plan in place, the UK is constrained on the test it can use to establish Officially TB Free (OTF) status in a herd to those approved for use by the EU. Those currently approved include the tuberculin skin test and gamma interferon blood test. Other antibody tests (which have been validated) are in use but these are not permitted to establish OTF status in a herd.

Your question if I have given consideration to whether there is sufficient flexibility within the current testing regime and the potential for using different tests at different stages of the Eradication Programme. I believe there is sufficient flexibility within our TB testing programme and we already routinely vary the sensitivity and interpretation of the skin test to take account of epidemiological conditions and, where it is appropriate to do so, incorporate the gamma interferon blood test into our testing programme. Additionally, we also vary the TB testing regime for persistent TB breakdowns lasting longer than 12 months and based on advanced epidemiological understanding of the disease picture within a herd and the wider area. The Committee will be aware herds in the Intensive Action Area (IAA), are currently subject to 6 monthly TB testing. We already have considerable flexibility in the current testing regime and, as I have previously explained, we need to work within the confines of our legal framework when it comes to utilising validated TB tests.

In terms of on farm health and safety, I agree handling and working with livestock will always be potentially very dangerous to anyone involved. These risks are, of course, not restricted to TB testing but are more general to farming and working with large animals. Firstly, it is important to point out farmers are required, by law, to provide appropriate facilities and assistance to enable a TB test to be carried out. If the tester, when making an assessment of the testing facilities provided by the cattle keeper, believes it is too dangerous to start or to continue a TB test, they are at liberty to abandon the test on the grounds of health and safety concerns.

The Veterinary Delivery Partners operating in Wales, Iechyd Da (Gwledig) Ltd and Menter a Busnes, are required to comply with health and safety requirements as part of their contracts. Additionally APHA provides guidance in this area and have their own health and safety procedures and protocols in place to mitigate against the risks. Both the Delivery Partners and APHA monitor, record and report incidents which have occurred during the course of TB testing. The Health and Safety Executive (HSE) also produces guidance on health and safety in Agriculture and there is a legal requirement for certain accidents and incidents to be reported to the HSE. The three Regional Eradication Delivery Boards regularly hold best practice events across Wales and these include practical guidance in terms of health and safety.

Last year I attended a workshop organised by the Wales Farm Safety Partnership (WFSP) which is a partnership between all the key agricultural stakeholder organisations in Wales. The role of the WFSP is to help raise awareness of the dangers of working on farms to reduce the risk of injuries and accidents to humans in particular, but also stock. This was one of a series of training workshops organised by the WFSP, in collaboration with Farming Connect. Eligible farmers who are registered with Farming Connect can undertake an e-learning module covering on farm health and safety.

Informed Purchasing (Risk Based Trading)

I recognise Informed Purchasing/Risk Based Trading schemes have made a significant contribution to TB eradication in New Zealand and Australia. In my Oral Statement in June 2017 I explained the Welsh Government would continue with a voluntary scheme in the short to medium term, encouraging farmers to provide, and markets to display TB related information. I also stated the Welsh Government would explore ways in which a mandatory scheme might be introduced in the longer term to ensure cattle sellers provide TB information at the point of sale and this work is ongoing.

We are aware, through epidemiological investigation of TB breakdowns, cattle movements and buying practices are key risk factors in the spread of bovine TB. We have been encouraging farmers to make wise buying decisions through a variety of initiatives such as ibTB and the provision of grants to markets to enable them to purchase or update their display facilities. Although the low uptake of the grant was disappointing, we continue to work with market operators to make best use of the facilities. We also support the Cattle Health Certification Standards TB voluntary health schemes, known as CHeCS. CHeCS assigns participating herds a level (1-10) depending on the number of years they have been free of TB. This, in turn, enables buyers to minimise the risk of introducing the disease. Additionally, participating herds classified as the lowest risk will be exempt from some of our controls, for example cattle keepers in the Low TB Area buying from CHeCS level 10 herds will not be required to Post-Movement Test the animals on arrival.

I have not ruled out a voluntary Informed Purchasing Scheme. However, it is extremely disappointing some farmers are still not taking advantage of the information available to inform wise purchasing decisions despite the ongoing work with the industry in this area. We know through movement records and epidemiological investigation farmers are still buying from higher risk herds in endemic TB areas and behaviours do not appear to be changing. It is also disappointing feedback from markets indicates a large number of farmers are not supplying or indeed asking for TB information about the cattle being sold. This evidence and feedback leads me to believe a move to a mandatory scheme to require farmers to provide information on the TB status of their herd at the point of sale may be the only way we can deliver a successful scheme that works for the industry. Having the information provided at the point of sale will not in itself change some farmer behaviour unless there are clear incentives for businesses to source lower risk cattle in order to reduce the risk of introducing bovine TB. We will continue to work with stakeholders to encourage the provision and display of appropriate information, highlighting the importance of wise purchasing.

As to the conditions which would need to be met to require a mandatory approach, as outlined in the TB Eradication Delivery Plan, a mandatory scheme is a longer term objective of our Programme. The monitoring of ibTB can only be undertaken through consideration of the number of 'hits' on the website. Further analysis and breakdown of who is looking at ibTB is not currently possible due to the website being open access and publically available. CHeCS is industry-led and uptake is monitored through CHeCS themselves and the companies which deliver the service. We are closely monitoring cattle movements and trends and investigating where cattle are sourced from and using this as a marker for behavioural change. Alongside this, progress against our published targets and milestones are likely to influence developments in this area. These aspects will drive our thinking and next steps in terms of implementing a mandatory Informed Purchasing scheme in Wales. It is too early in the development of this policy, to assess the likely impacts of a mandatory scheme versus a voluntary scheme and work to evaluate this aspect is ongoing.

In terms of regional reporting arrangements under the refreshed approach, the TB Dashboard, updated on a quarterly basis provides detailed regional analysis of the key disease statistics and trends. An objective of regionalisation is to encourage farmers in each region to take ownership of the disease, not only in their immediate locality, but in their wider area. The Regional Eradication Delivery Boards are supporting this approach and have initiatives in place, such as evening meetings and best practice events to convey pertinent information to farmers in their areas, not just in terms of Informed Purchasing, but information about the wider TB Eradication Programme.

Governance

The TB Eradication Programme has been based on the fundamental principle of partnership working from the outset. Bovine TB can only be eradicated if all affected parties pull together and I fully recognise the importance of involving these parties in the policy making process and engaging with them throughout. Partnership working is a core value of the Animal Health and Welfare Framework which underpins our policies associated with raising standards of animal health and welfare in Wales.

Your letter refers to Governance arrangements in place in Australia and New Zealand. Clearly the industry in Wales is very different to those in both these countries and, as a result, it is not appropriate to extrapolate the approaches in these countries and apply them in Wales when there are such stark differences.

We would welcome stronger leadership and genuine collaborative working from the farming industry and others involved in our Programme. We maintain an active and open dialogue with a range of stakeholders in order to assist in shaping the development of policy and to ensure effective implementation and communication. The New Zealand model has firm responsibility and cost sharing at the heart of its Programme. I would be interested in hearing the Committee's views on such an approach, particularly in light of the uncertainties around the UK's departure from the European Union, and whether a similar approach would assist our goal of improving collaboration within our Programme.

Views on the Governance of our TB Eradication Programme were sought in the consultation on a refreshed Programme undertaken last year. This included views on the TB Eradication Programme Board and Regional Eradication Board structures in place. It was disappointing very few respondents addressed this aspect of the consultation. Despite this, the Welsh Government, in conjunction with the Programme Board and Regional Eradication Delivery Boards, has reviewed the Governance arrangements of the Programme. It was agreed the current structure, membership and Terms of Reference of the TB Eradication Programme Board would be retained. The Terms of References of the Regional Eradication Delivery Boards have been reviewed in light of the new regionalised approach to TB eradication and it was recommended an independent Secretariat is appointed to support the Boards. The membership of the Regional Eradication Delivery Boards was also retained as it was deemed the Boards contained the right mix of individuals and representative organisations. I look forward to maintaining a good working relationship with the Boards and hearing their views and recommendations in the future, building on the work already undertaken.

Brexit

The Welsh Government appreciates the significant contribution EU veterinary surgeons (defined as vets who graduated from non-UK, EU vet schools, some are now British nationals, probably most are not) make to the veterinary profession in Wales, in a number of roles, including in private veterinary practice and in government veterinary services. In particular, our Government veterinary services, APHA and the Food Standards Agency (FSA), are particularly dependent on EU veterinary surgeons. In terms of bovine TB, EU vets contribute significantly to our TB Eradication Programme in Wales both as Official Veterinarians and as members of APHA staff.

Currently, veterinary registration and recognition of qualifications is governed by EU Directive, implemented into UK law as a reserved power, delivered by Defra and the Royal College of Veterinary Surgeons (RCVS). It is likely there will be impacts from Brexit on our veterinary workforce, not only through potential changes to recognition of qualifications and rights to live and work here, but also through personal choices and the attractiveness of Wales and the UK as a place to work and live.

Although the potential impact of Brexit on those in the veterinary workforce involved in bovine TB has yet to be fully assessed, as this is an issue not specific to Wales. The Welsh Government is fully aware of and is engaged in addressing the potential challenges we may face. We are doing this in association with other UK administrations and with the relevant professional bodies, the RCVS and the British Veterinary Association (BVA), through a new forum called the Veterinary Capability and Capacity Project (VCCP). Our aim is to ensure Wales has the veterinary workforce it needs, both now and in the future, and the contributions of both EU and home-grown vets are fully recognised.

It is worthwhile pointing out, as part of the Veterinary Delivery Partnership Project contract, one of the stipulations of the contract was the provision of veterinary services in rural Wales. This included the requirement for bidding companies to have a working knowledge of the livestock industry, TB epidemiology and the variety of policies applicable within the area for which they were bidding, including familiarity with farm locations sufficient to provide an efficient service to the industry. Companies bidding for the lots in Wales also had to demonstrate how they would meet the Welsh language standards in the delivery of their service.

Reporting on progress

In terms of reporting on progress to the Committee and indeed wider, I am content to report to the Assembly as a whole on an annual basis. However, I will need to seek the advice from epidemiologists and statisticians on the timing of such a report. TB statistics are published 2-3 months in arrears due to the time it takes for bacteriological culture results to return and for the statistics to be cleansed and analysed. There may indeed be a case to report on a calendar year basis for consistency with the published National TB statistics and TB surveillance reports. I am sure the Committee will wish to receive the most up to date, meaningful and comprehensive update on progress and I will give further consideration to the most appropriate timing for providing an annual report to the Assembly.

Regards
Lesley

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