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Llywodraeth Cymru
Welsh Government

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Alun Ffred Jones AM
Chair, Environment & Sustainability Committee
National Assembly for Wales

12 October 2014

Dear Alun Ffred,

Further to my appearance before the Committee on 17 September I am pleased to provide the additional information that I agreed to submit.

I attach at Annex 1 the Cymorth TB Evaluation report undertaken by Dr Gareth Enticott and Dr Kim Ward of Cardiff University. The report evaluates the experiences of farmers, private vets and Government vets, and includes a large number of direct quotations from those involved in the pilot. It states that the Cymorth TB pilot “successfully demonstrated the value of involving private vets in the management of bovine TB to farmers, AHVLA and private vets themselves”.

The report is a positive assessment of the pilot and makes a number of recommendations as to areas that might enhance any future programme. I will be considering these recommendations, in particular those relating to the continued training of private vets, and improved communication strategies between Government and Cymorth TB delivery partners. The report will also be shared with wider stakeholders and operational partners who will assist us in developing the programme.

We also discussed the Common Agricultural Policy (CAP) in relation to the new Greening requirements and I agreed to clarify my position in terms of those wishing to withdraw from Glastir.

I am waiting for the initial response to the Wales Rural Development Programme 2014-2020 (RDP) submitted in July which included activities funded through Glastir. We are in discussions with the European Commission and are seeking further clarification on specific issues. We have developed solutions and ways of mitigating greening double funding without affecting Glastir in most cases and we are currently working through the more complicated options. The vast majority of Glastir contract holders will transfer over to the programme without adverse effect.

In instances where double funding cannot be avoided, the Welsh Government will seek ways of amending existing contracts to reflect the new regulations. Where this requires a significant change to the commitment or a change to its material value, the land manager will be allowed to terminate the contract without penalty and the completed capital works will be fully reimbursed.

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I also agreed to outline my actions and plans for the Welsh Dairy Sector, in particular my plans to use the RDP to support industry development and ensure that supply chains benefit the dairy industry in Wales.

The Welsh dairy sector, as with all sectors of the agriculture industry, must act to safeguard itself and become more resilient to changes in market price. Our markets are influenced by global trade and neither the Welsh Government nor the industry in Wales can influence global commodity prices. What we can influence is our overall efficiency, both on farm and in processing, so that we can compete with other dairy producing countries. This is the best approach for most dairy businesses although there will be niche opportunities for some in the development of more high value added products which we will also support.

The RDP will offer opportunities for dairy farmers. Farming Connect will support the sector with a programme of Knowledge Transfer, support for innovation, technical advice and skills development. I have asked Gareth Williams, who produced the Working Smarter reports, to review what we deliver under Farming Connect under the new and, subject to his final recommendations, this might well include genetic improvement, cow nutrition and the production and use of grass and other forage crops - all of which are of direct interest to dairy farmers.

The Sustainable Production Grant will support farms making capital investments to improve their efficiency by reducing their inputs and making full use of the resources on the farm. At the same time the RDP will continue to support milk processing industries and supply chain development in ways that will add value to dairy products.

I trust that I have addressed the Committee's queries in full and I look forward to continuing to work closely with you in the future.

Yours,

Rebecca

Rebecca Evans AC / AM
Y Dirprwy Weinidog Ffermio a Bwyd
Deputy Minister for Farming and Food



EVALUATION OF THE CYMORTH TB PILOT PROJECT

Final Report

Dr Gareth Enticott

Dr Kim Ward

July 2014

EXECUTIVE SUMMARY

Background and Aims

Cymorth TB was established as a pilot scheme by the Welsh Government in 2012 to change the way TB breakdowns are managed. Traditionally, private vets tested farmers' cattle for TB. When TB was discovered private vets played no further role and the breakdown was then managed by government vets (in AHVLA). However under the Cymorth TB scheme, private vets receive training so that they are more involved in the management to help better support and advise farmers to meet the goal of eradicating TB in Wales. This evaluation investigates the implementation of the Cymorth TB to meet *two main objectives*:

1. To evaluate farmers experience of, and satisfaction with, the management of TB (during the Cymorth TB pilot)
2. To evaluate private veterinarians (OVs) experience of taking part in the Cymorth TB project including:
 - (a) OV satisfaction with training provided by Cymorth TB.
 - (b) OV satisfaction with the 'Cymorth Visit'; including functional tools used during visit.
 - (c) Improved/effective joint working and communications between OVs and the AHVLA during the pilot.

Methods

These aims of this evaluation were met through the use of in-depth interviews with farmers and vets and a follow-up focus group/workshop with vets at the end of the pilot. In total 30 interviews were conducted with a variety of stakeholders. These included:

- 14 in-depth interviews with Cymorth TB farmers
- 5 in-depth interviews with non-Cymorth TB farmers
- 7 in-depth interviews with OVs
- 4 in-depth interviews with AHVLA vets (VOs)

Results

FARMERS

In general, farmers felt the Cymorth TB pilot provided them with added support which was beneficial to them. In particular, farmers believed that the involvement of their private vet in the management of TB gave them:

- an understandable and accessible source of communication/advice;
- a tailored and trusted service which took into account issues of business and empathy;
- bespoke advice based on knowledge of the farm, animals and the farmer.

Farmers also made clear distinctions between the role of private vets as experts in herd health and AHVLA vets as experts in legislation and licensing.

VETS

Overall vets felt that being part of the Cymorth TB pilot enhanced their knowledge and value as a private vet. All vets thought that they have a role to play in the eradication of TB through the potential roll-out of Cymorth TB in the future.

Vets were happy with the training they received which they found useful and provided a good overview of TB. However vets suggested some improvements which could be made including:

- Vets suggested that training in future should be held on more days to provide a better fit with other work.
- Additional training should take the form of a practical 'on-farm' training day to cement classroom taught skills in the field.
- Requests for additional training included training in TB epidemiology, badger ecology and 'diplomacy'.

There was evidence of improved communication between AHVLA and private vets however decisions taken by AHVLA still appeared confusing to vets and ways of improving communication between AHVLA and private vets are still required.

THE USE OF MAPS

Maps were a key tool used during the Cymorth TB process. However vets made a number of points were raised to improve their use in the future. These included:

- The use of maps was limited by data protection rules meaning that the maps private vets received were vague and lacking in important details
- Maps which showed threats and the movement of disease were seen as most useful as ways of communicating risks to farmers.

Key Recommendations

To improve the process in future, the following recommendations are suggested:

1. A clearer distinction between the DRF and Cymorth TB visit needs to be made to ensure farmers understand the value provided by WG funding for Cymorth TB.
2. Maps: OVs need better access to accurate maps to help them conduct Cymorth TB visits.
3. TB data: OVs should be provided with info about the TB situation on surrounding farms
4. Risk Communication: Welsh Government should examine the use and effectiveness of using a range of different maps and metrics in Cymorth TB to communicate risks to farmers.
5. Communication: OVs need access to simple notes to explain to farmers decisions taken by AHVLA
6. AHVLA relationships: communication between vets and AHVLA during Cymorth TB should be enhanced by having a number of fixed reporting points between the case vet and private vet.
7. Vet Training: scenario based training should continue and involve vets with different experiences of managing TB.

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“You should have your private vet involved [in a TB breakdown] because we’re all a big team; I mean we’re all supposed to be working together aren’t we”

Cymorth TB farmer

“I think it will make a lot of difference to an awful lot of people, especially elderly farmers, farmers who are in their late 60s who have got old buildings, I think it will help them an awful lot... so yes I think with your own vet it is quite important because you can have an on-farm chat as well, ask certain things that you are not sure of, so yes, I think it is useful, I think a lot of people can learn an awful lot from their vets”

Cymorth TB farmer

“[Cymorth TB] has helped improve relationships for us, to be seen as being proactive and have the expertise around TB... it has added value to the role of the private vet”

Cymorth-trained private vet

1. Introduction

Successful eradication of bovine Tuberculosis (TB) in Wales relies on a number of stakeholder interdependencies beyond government; including farmers and private veterinarians. ‘Trust’ will be a key element in this success. However the continued spread of TB, in combination with a number of other crisis’s in the cattle industry including Foot and Mouth Disease (FMD) and BSE, has mean that trust between industry and government has dwindled somewhat over the last two decades (Enticott, 2008a).

Trust has been shown to play a central role in influencing farmers behaviours. Hall and Pretty (2008) found that low levels of trust in government were likely to delay farmers’ uptake of sustainable management practices. Levels of trust have also been found to effect farmers perceptions of disease risk. For example Palmer *et al.* (2009) found that the trust levels of cattle farmers were a significant contributor to their *perception* of infectious disease risk; and their subsequent disease management behaviours.,

Additionally whilst Heffernan *et al.* (2008) study of UK cattle and sheep farmers found that attitudes toward bio-security did not appear to be influenced by any particular source of information, strong negative attitudes were found toward specific sources of bio-security information, e.g. government leaflets, reflecting widely held beliefs and distrust in government sources of information. This study concluded that “*in order to support collective action with regard to bio-security, messages need to be reframed and delivered from a neutral source*”.

In fact great importance is placed on access to authoritative information with most farmers seeing [private] vets as the neutral/expert source to interpret generic advice from national bodies in their local context (Garforth *et al.*, 2013). Previous experiences of pilot projects in Wales, such as the Intensive Treatment Area (Enticott, 2008b), also reveal that there are mutual benefits to be gained from involving vets in the management of TB. In the ITA, vets became knowledgeable about biosecurity and were able to pass on advice to farmers reflecting the context of their farm. Farmers appreciated the involvement of farmers and received not just support over disease management but emotional support as well. Such methods are likely to be better at generating on-farm risk reduction measures than the communication of general advice (Enticott *et al.*, 2012).

The aim of the Cymorth TB pilot project was to train private vets to provide additional support and advice to farmers experiencing a TB breakdown. By training private vets as ‘neutral’ source of support and advice the project aims to support the eradication of TB from Welsh cattle herds in the long-term.

This report forms part of the evaluation of the Cymorth TB project. The evaluation encompassed in-depth interviews with farmers and vets who had taken part on Cymorth TB to examine the effects that the pilot had on their experience of managing a TB breakdown. In addition, the experience of private vets was further investigated during a workshop/focus group event held at the end of the pilot. This aims of this evaluation are as follows:

1.1 Aims of Evaluation

The objectives of the evaluation were as follows:

Objective 1: To evaluate farmers experience of, and satisfaction with, the management of TB during the Cymorth TB pilot.

Objective 2: To evaluate private veterinarians (OVs) experience of taking part in the Cymorth TB project including:

- (a) OV satisfaction with training provided by Cymorth TB.
- (b) OV satisfaction with the 'Cymorth Visit'; including functional tools used during visit.
- (c) Improved/effective joint working and communications between OVs and the AHVLA during the pilot.

The report begins by describing the methods used for this research. In the results section following qualitative analysis focuses on 1. Farmers, and 2. Vets, experience and satisfaction with their involvement with the Cymorth TB pilot. The report concludes by identifying best practice as well as gaps in the pilot project.

2. Background to Cymorth TB

In 2012 the Welsh Government established Cymorth TB; a pilot scheme that changes the way TB breakdowns are managed. Traditionally, private vets tested farmers' cattle for TB. When TB was discovered, private vets played no further role and the breakdown was then managed by government vets (in AHVLA). However under the Cymorth TB scheme, private vets receive training so that they are more involved in the management of the breakdown and are able to provide support and advice to farmers. The project therefore aims to benefit both vets and farmers by up-skilling vets to better support farmers. The aim of the Cymorth TB project is ultimately to reduce and eradicate TB. However the immediate objectives are to deal with a range of problems and issues currently affecting the management of a TB breakdown.

The table below indicates the range of issues and outcomes that Cymorth TB may address:

Issue	Stakeholder	Outcome
Farmers receive inadequate or inappropriate advice on how to manage a TB breakdown. This may be because DRFs are not appropriate, and/or they are conducted by the AHVLA	Farmers	Satisfaction in TB breakdown management; Farm management decisions relating to TB
OVs do not possess appropriate skills and knowledge to manage a TB breakdown	Vets (OVs)	Acquisition of knowledge and skills to manage a TB breakdown Breakdowns are managed for the purpose of eradication
Information is not shared between OVs and VOs on TB breakdowns	Vets (OVs and VOs)	Effective joint working Trust between OVs and VOs
OVs are isolated from the management of TB breakdowns	Vets (OVs)	Trust and confidence in the AHVLA

		Trust in TB management
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Table 1. Issues and outcomes addresses by Cymorth TB

This evaluation investigates the issues and outcomes identified above in relation to the implementation of the Cymorth TB pilot.

2.1 Methods

As stated above, the key aims for the evaluation were to:

3. To evaluate farmers experience of, and satisfaction with, the management of TB (during the Cymorth TB pilot)
4. To evaluate private veterinarians (OVs) experience of taking part in the Cymorth TB project including:
 - (d) OV satisfaction with training provided by Cymorth TB.
 - (e) OV satisfaction with the 'Cymorth Visit'; including functional tools used during visit.
 - (f) Improved/effective joint working and communications between OVs and the AHVLA during the pilot.

These aims were executed through the use of in-depth interviews with farmers and vets. Interviews allow the researcher to reveal the views and experiences of their participants; and are useful in capturing detailed information about a persons' thoughts and behaviours or for exploring new issues in depth. Additionally a follow-up workshop/focus group was conducted with vets at the end of the pilot. Focus groups are group discussions arranged to examine a specific set of topics and primarily aim 'to describe and understand meanings and interpretations of a select group of people to gain an understanding of a specific issue from the perspective of the participants of the group' Liamputtong (2009).

Overall 30 interviews were conducted with a variety of stakeholders. These include:

- *Farmer interviews*

In-depth interviews were conducted with 14 farmers *who had taken part in* the Cymorth TB project and 5 farmers *who had not taken part in* the Cymorth TB. The former were asked questions related to (a) their experience of the visits provided by the AHVLA vet and (b) their experience of the visit provided by their 'Cymorth'-trained private vet (see appendix A for full interview schedule). The latter were asked questions related to their experience of the of the visit provided by the AHVLA vet (see appendix B for full interview schedule). Farmers were drawn from areas with different levels of TB within the Cymorth TB project areas.

- *Vet interviews*

Interviews were conducted with 7 private vets who had conducted at least one Cymorth TB visit (note: at the time of evaluation only 9 private vets had conducted a Cymorth TB visit). OVs were asked questions regarding their experience of training, the level of communication/joint working during Cymorth, and their experience of the Cymorth TB visit (see appendix C for full interview schedule). Interviews were also conducted with 4 AHVLA Veterinary Officers (VOs) who had completed a DRF visit prior to the execution of a Cymorth TB visit. VOs were asked questions regarding communication and joint working and trust and confidence in OVs (for full interview schedule see appendix D).

- *Focus Group/Workshop*

A final workshop was organised with OVs and VOs that participated in Cymorth TB. During the workshop, vets were split into two groups to discuss their experiences of the pilot project. The focus groups were in two stages: the first discussion considered the use of maps during the Cymorth TB visit. Vets discussed the limitations of the maps they received and the merits of alternative maps and information to communicate to farmers. The second discussion focussed on the delivery of Cymorth TB, their perceptions of the training they received, and improvements that could be made to the scheme.

3. Results

The results section is split into three parts based around the interview and focus group activities. Part One presents findings from the farmer interviews; and seeks to evaluate farmers' experience of and satisfaction with the management of TB during the Cymorth TB pilot (to meet Objective 1). Part Two presents findings from interviews with vets and Part Three presents findings from the focus group/workshop. Part Two and Three evaluate vets experience of taking part in the Cymorth TB pilot to meet Objective 2.

3.1 PART ONE

3.1.1 Cymorth TB Farmers

Generally farmers valued support from both government vets and their private vets; accepting the differing skills and available support. The main feedback was that the two complimented each other and that collaborative working added value. The following parts will present results from a critical analysis of in-depth interviews with farmers. This section will tease out the benefits felt by farmers in involving private vets during a TB breakdown during the Cymorth TB pilot. This section is broken into four sections: (a) communication, (b) knowing the farm and the farmer, (c) the farm walk, and (d) differences between visits/roles.

3.1.2 Cymorth TB: Improving communications

Farmers valued the support provided by their own private vet during the pilot. In particular they viewed their own vet as a trusted source who they were able to communicate with effectively and understand advice after a TB breakdown. For example many farmers felt that the private vets provided them with what one farmer described as an 'approachable in-betweenener'; someone whom they felt able to ask any questions knowing they would be answered in a clear and communicable way. For some farmers this meant having a British vet whom they felt comfortable with and were able to clearly comprehend:

"I understand more from my own private vet I think...the thing is the one [AHVLA vet] we had at the start, she wasn't English and I had a job trying to understand her... It helped a

bit [having an OV] I could understand what she was talking about and you can understand them”

“Well the Ministry vet, she was Spanish, very lovely though, and she went through it all with us, but sometimes its a bit clearer with you own vet”

The ability of farmers to clearly understand or engage with [foreign] AHVLA vets was also a concern of a number of OVs, one who stated:

“the problem is a lot of the farmers don’t understand them, it’s difficult, the case vets should speak better English, if they don’t then they are not very approachable”

However it should be noted that this was not a concern of all farmers, indeed some farmers interviewed found their (foreign) AHVLA vet easy to understand; as well as helpful. For example:

“We talked about everything really, you know how we could avoid it happening again... it was very useful. He was very nice and young and foreign”

It should therefore be noted that the ability of foreign VOs to communicate effectively to Welsh farmers is variable and dependent on a number of factors regarding the individual circumstances of the farmer and the VO themselves. Farmers however did view their own private vet as an approachable source of advice for reasons beyond language comprehension. For some farmers this was because their own vet was seen to be *independent from government* and therefore a more neutral and amicable source of advice:

“He’s [OV] more approachable because he’s not from the government, he’s an approachable in-betweener, whereas the AHVLA are not are they”

“I think it is [important to involve OV] because it someone that you are closer to, you’re private vet. I mean they deal with so much of it don’t they, these Ministry vets, and you think are they going to value the right value? or think about our income over the next couple of years? they don’t even think about that”.

“they know our business more than the Ministry vets do, because they are caring for our livestock, and have perhaps a little bit more empathy for what we are going through, so we would certainly want to see our local vets as a source of information”

In general farmers valued the support of their own vet to help them manage a TB breakdown more effectively for a number of reasons, of which one relates to the points above. Many farmers saw private vets as someone who was separate from the government who would have empathy with their situation on a personal and business level. This relationship meant that farmers valued the 'neutral' advice given by their own vet as being of benefit to them on a business level (as opposed to their view of 'Ministry' vets)

3.1.3 Cymorth TB: 'Knowing' the farm and the farmer

A second commonly cited reason that farmers felt it was beneficial to have their private vet involved during the Cymorth TB pilot was due to their private vets historical knowledge of the farm and the herd. The majority of farmers thought that their private vets would be able to provide them with bespoke advice and information tailored to them specifically due to their historical/on-going relationship. For example farmers commented:

"They know your situation better, the Ministry vet will just turn up on the day and just have to go on what he sees, whereas your vet knows around the place, knows your systems and the way you do things and can explain it better, and he knows the way you do your farming"

"you know them personally and they know the farm- which is good as you can ask them anything"

"It is useful [to have private vet involved] because he knows your farm, he deals with your animals and he is a person you can talk to at face value"

"it's important to have your private vet involved in this process, they are the people who are dealing with the farms first hand, and are on a more personal level with local farmers."

As the quotes above demonstrate, the perception that private vets would provide superior advice [to AHVLA vets] due to a historical working relationship 'on-farm' is also combined with 'trust' in their own vets. The idea of a 'personal relationship' was important to most farmers, not only because their private vet 'knew' their animals/farm, but also because they provided a trustworthy avenue of advice and information, making them, as one farmer above described, someone they could 'talk to at face value'. In this sense farmers valued the advice given by their private vet involved during the Cymorth TB pilot due to its 'bespoke' on a farm level and personal level.

3.1.4 Cymorth TB: The farm walk

As part of the Cymorth TB pilot private vets were advised to spend 70% of their time conducting a farm walk. During several farmer interviews the farm walk was identified as being the key practical aspect of the Cymorth TB pilot which was beneficial to them as a source of advice and information. For some farmers the walk allowed time to ask questions and advice. In addition being on the land prompted discussions which may not have been had around the kitchen table. Some farmers stated:

“they took plenty of time with it, no rushing, and we talked about different things and asked [OV] various questions”

“I think [farm walk] with your own vet it is quite important because you can have an on-farm chat as well, ask certain things that you are not sure of, so yes, I think it is useful, I think a lot of people can learn an awful lot from their vets”

For some farmers the farm walk proved to be an ‘eye-opening’ experience; allowing them to visually understand how biosecurity could be improved:

“Well we did the walk around the field and he explained the most prevalent areas for badgers and stuff like that trying to persuade them not to stay on you... it opened my eyes a bit more when we had the field walk, this is the first time we’ve had a field walk”

“The walk was useful cus you get a better idea of what you’re dealing with, we thought certain fields were very well fenced whereas the [private] vet said there was actually a small gap that the badger could squeeze through, you are more aware of it then, in certain areas, that you have got a badger problem, but apart from the water tanks, and some sheds on the farm that we thought were pretty safe but he said no they can find their way in through a 6-8 inch gap through the door, and they could push them, so we closed that and put some bars under that now so its a lot heavier to push, we’ve made the shed a lot more secure”

As the quotes above illustrate many farmers found the farm walk provided with their private vet through the Cymorth TB project a beneficial experience on a very practical level. In general farmers found the farm walk was beneficial to them in two ways. First, it allowed them the time and prompts (being on-farm) to ask questions and discuss issues which may not have been otherwise tackled in the farm office. Second, the very practical aspect of being shown (perhaps lax) biosecurity measures whilst walking the farm with their private vet improved their awareness of potential risks.

However, although most farmers agreed that the walk was useful some found it difficult to differentiate between the farm walk conducted by their own vet and the farm walk conducted

with them previously by their AHVLA vet during the Disease Report Form (DRF) visit. For example one farmer said:

“Its always useful [to do a farm walk] because you will always learn something more, because a different vet will have a slightly different angle on something, so yes it was useful, but it was no different from any other visit you know, you walk around the farm, check where your likely breakdown areas would be ...”

Whilst this view [of the farm walk] was certainly not shared by the majority of farmers interviewed, some farmers did have difficulty in clearly distinguishing between the two visits. This issue will be discussed in the following section.

3.1.5 Cymorth TB: Distinguishing between visits/roles

As part of the evaluation farmers were asked to distinguish between the visits provide by the AHVLA vet (to complete DRF) and the Cymorth TB visit undertaken by their private vet. When asked to describe the key differences between their experiences of the two visits farmers were split in their responses. Some farmers distinguished the visits in clear terms. When this was the case the farm walk was the differentiating factor from the AVHLA visit, which many thought dealt mainly with ‘paperwork’:

“The second [Cymorth] visit was different, we walked the whole farm, whereas with the Ministry vet we just walked the farm yard... and we talked about some things that we feasible and some things that weren’t”

“ [DRF visit] was more paper work and filling in forms and stuff like that... the first one was the Ministry vet that was form filling, finding out who are neighbours are, where they are”

“With the local vet we walked the farm, he gave me some advice about buildings to make them badger-free, which we had thought about, it was common sense to be honest with you but there was a few things like water tanks outside that we hadn’t given a thought to before, holes where the badgers could reach ... With the Ministry vet it was mainly just paperwork, asking questions, we didn’t walk around the farm”.

The cases above represent farmers who found the practical aspect of the farm walk distinctive and beneficial. However whilst some farmers found the field walk aspect of the Cymorth TB distinctive [from the DRF visit] other farmers interviewed found the practical aspects of the Cymorth TB visit very similar to the initial visit conducted by the AHVLA vet to carry out a DRF.

In these cases farmers still found extra discussions with their private vet useful, but questions to differences between the two visits:

“in reality [the Cymorth visit] just covered the same ground. Some suggestions were made and any extra discussions are useful”

What was the difference between that visit and the visit from your own vet?

“Very much the same, very much the same, they went through, it was almost the same”

“we have so many vets here I can’t remember... we talked about security, biosecurity, and I’m sure we did that with the Ministry vet as well...specifically what was said was probably along the same lines as the Ministry vet”

These perceived similarities could be due to a number of issues. First, and as noted by the farmer of the last quote, due to the availability of contact details some farmers were contacted by the evaluation team a number of months after the DRF and Cymorth TB visit. This may have made clearly distinguishing visits or remembering specific details of each visit difficult for some farmers. However it is also possible that farmers received visits from the AHVLA vets of differing detail; with some farmers receiving a farm walk as part of the Case Vet visit to complete the DRF.

Analysis of farmer interviews also presents a clear distinction in the way the farmers perceive the role of their own private vet and AHVLA vets in supporting them through a TB breakdown. As noted in the preceding sections private vets were regarded as ‘*approachable in-betweeners*’ who could provide trusted tailored advice which was farm-specific. However farmers also identified AVHLA vets as having a clear and concise role which was important to them. In particular the majority of farmers interviewed viewed AHVLA vets as ‘*experts*’ regarding advice on legislation, movements and licensing and several farmer said that they would seek out AHVLA advice on these issues. For example farmers commented:

“they [AHVLA] would be my point of contact for procedures and legislation’

“Just to know what to do, so we’re not doing anything wrong, just what we can do, trouble is when they send the paperwork its covered in so much, you’ve got to read it all and it’s a bit too much, but when he [AHVLA] comes he can tell us what to do”

“the Ministry vet is the expert in that job and would be my first point of call for any purchase questions, my own vet might perhaps say ‘ask the AHVLA”

Many farmers viewed the AHVLA vets as experts in legislative procedures. In some cases this was not due to lack of confidence in their own private. It was an issue of 'role':

"The Ministry vet, we tend to use them for advice on what we're doing once we've had a breakdown, see if we need to get special licences, rather than through our own vet because they haven't got the power in the same way, but in terms of day to day management of the herd regarding TB we would use both actually, we use the Ministry vets more for how are we going to get licenses to move on or for moving cattle off for slaughter if we are under restrictions,

Would you feel confident in asking your own vet those kinds of questions?

"Well it's not a question of confidence, it's a question of who knows, you know the vets seem to have a slightly different role, our local vets don't have the, it's nothing to do with confidence, if we needed to know medically about cattle health we would go to our ordinary vet but in terms of movement and legislation involved we would go to the ministry vet, just that the Ministry vet is slightly higher up on the legal system really in terms of movement."

However some farmers were felt that the expertise of AHVLA vets clearly eclipsed that of their private vet on these issues, with farmers suggesting that they were:

"not overly convinced my own private vet can deal with that specific information, TB is a specific issue and legislation is quite movable"

"I think my vet would not possibly give comprehensive enough information"

Whatever the reasons, a firm distinction on what information farmers would call upon their own private vets for and AVHLA vets for was made by the majority of farmers interviewed; who would call on the AHVLA for legislative/movement issues and their own private vet for issues of herd health. This working distinction was also echoed by private vets themselves, many who felt it was important for AHVLA vets to provide advice around regulation/legislation regarding a TB breakdown, not them. This was because for some private vets a link to legislation and regulation could affect there business relationship with clients. As one vet commented:

"The regulatory role still has to come from them [AHVLA vets]. If it came from us it would hinder the close working relationships with have with clients"

This is something to take on board when considering the resilience of private vets working as part of Cymorth TB in the long term.

3.1.6 Summary

Overall farmers felt the Cymorth TB pilot provided them with added support which was beneficial to them. In particular they commented that the involvement of their private vet gave them (a) an understandable and accessible source of communication/advice, (b) a tailored and trusted service which took into account issues of business and empathy, and (c) a farm walk which used historical knowledge of the farm/animals to offer bespoke advice specific to each farmer. (d) Farmers also made clear distinctions between the role of private vets as experts in herd health and AHVLA vets as experts in legislation and licensing.

3.2 PART TWO

3.2.1 Cymorth TB Vets

The part will present results from analysis of interviews conducted with vets. To begin, the first part will examine vets experience of the Cymorth TB pilot in relation to (a) training, (b) the farm walk, (c) communication/partnership working, and (D) added value to private vets. This section will conclude with a short section on perceived benefits to farmers.

3.2.2 Training

Overall vets were very happy with the training provided by Cymorth TB. All vets interviewed thought the presentations were useful and felt that the training was effective; in particular the interactive workshops were well received. For example vets said:

“The information provided on the training days was very useful as particularly the interactive element which gave a practical element to the training which we as vets often prefer”

“the training was very good and covered a lot of information over the two days”

“The training was good and quite thorough, I think they covered quite a lot of information that we needed to know straight off”

“it gave a good overview of the whole process and broadened my knowledge of TB”

However whilst the training was well received vets put forward a number of suggestions which could improve the training process for the future.

(a) Skill set/subject knowledge

It was noted by private vets that a *special* skill set was required to help vets understand and control TB and extra training in particular areas would be useful to if private vets are to assist in achieving the goal of TB eradication. In particular extra training regarding the *epidemiology* of the disease was especially welcomed:

'this special skill set can only be learnt through training courses and epidemiology courses and would be useful'

'training on epidemiology would allow us to give more detailed advice to farmers'

"Details of the epidemiology would help us to give farmers more detailed information, and make us confident that we knew what we were talking about"

In addition to the emphasis placed on knowing the epidemiology of the disease there were also suggestions that extra training should be provided on *badger ecology* and aspects of farm management related to badger control. For example one vet stated:

"training on badger ecology research could be very useful, that would enable us to exchange information with farmers and discuss areas of risk [regarding badgers] which could then be addressed"

"vets need a bit more training on how to badger proof open spaces and other practical training regarding biosecurity, the practicalities and costs to talk to the farmer"

In addition one vet suggested that training in 'diplomacy' might also be useful for OV's. As noted in many of the interviews private vets have a business relationship with farmers which needs to be maintained. It was thought that training in 'diplomacy' could help vets to navigate conversations with farmers on what is often a difficult subject:

"Talking to farmers who have TB is an exercise in diplomacy and this [diplomacy] is an important skill set to have, it might be useful to have some training on this, particularly for private vets who have essentially a business relationship with the farmer"

As this section demonstrates overall vets were happy with the training they received. However the suggestions presented above could improve information/advice delivery to farmers in the long-term; as private vets become more knowledgeable on understanding routes of disease entry and even perhaps improve on diplomacy.

(b) Practical 'on-farm' training

Analysis of the private vet interviews also suggests a follow-up *practical* training day 'on-farm' would enhance knowledge-exchange between the Welsh Government and themselves. It was suggested that a practical day would help to cement classroom-learnt skills into everyday practice. For example vets said:

“training could be improved by part of the training being carried out on a farm walk or example, where you can look at the pinch-points and then come back and discuss it. With this type of hands-on practical experience you get an immediate feel for it”

“the training was good but you need a follow-up, once you’ve done a few visits you have a list of questions that the farmers throw at you on farm”

“it would be useful to have some training on-farm to see how farms work, this is important to managing TB”

(c) Flexible/increased training dates

Some private vets identified the need for supplementary/flexible training days to allow other members of their veterinary practice to become ‘Cymorth trained’ (OVa). This was a view shared by the majority of vets interviewed who thought supplementary training days would allow Cymorth TB to become more sustainable in the long-term: as large workloads could be shared among vets within a practice. In the current arrangement often only one vet from each practice was able to attend both training days which mean that those vets had an increased workload during the pilot. Some vets found this to be an issue:

“one of the problems was not being able to release more vets for training, had there been more training days then we would trained others to take some of the workload off us”

“one of the visits fell at the busiest time of the year and we really needed others trained to take the pressure off us at that point”

“there were no other vets than me and the availability of vets to get training is a problem, there needs to be more training days for vets to attend”

3.2.3 The Cymorth TB Visit

As part of the Cymorth TB pilot private vets were allocated and paid for a 3 hours visit to the breakdown farm and the Welsh Government stipulated that as a rule of thumb at least 70% of the visit should be taken up touring the farm; walking the boundary where possible, and discussing identified risks with the farmer. During the interviews private vets were asked about their experience of this Cymorth TB visit. The first section will describe the practical aspect of these visits and the potential benefits they had. The second section will examine the functional tools used during these visits; examining what worked and what could be improved.

The farm walk

The farm walk was an integral part of the Cymorth TB visit. In general vets found the walk productive, particularly when assessing potential risks to farms from TB. Here's how some of the vets described these walks:

"we walked a couple of the fields where he felt there was a problem and that was very useful because we mapped out the problem together and the risks"

"we had a general chat first and then we got out on to look around buildings and on to the land to do a general risk assessment"

"the walk was very useful, we looked at every field, looked at fencing, badger activity and badger latrines. We also identified a boundary with another farm with a fence down that hadn't been spotted and the farmer did make the changes suggested to that"

Overall vets found the farm walk to be a useful tool when identifying and communicating disease risk to farmers. This was also noted a beneficial exercise to farmers in the preceding section. However there were some criticisms of the functional tools provided for this walk and these were practical aspects which could be easily improved by the Welsh Government to provide a better service for farmers. Interview analysis identified areas of improvement for the Cymorth TB visit which have the potential to add greater value for the Welsh Government. In particular, the private vets identified a key improvement which could be made to the functional operation of the Cymorth TB visit; the suitability of maps provided to private vets.

Maps

Maps play a significant role in managing animal diseases by allowing vets to visual disease risk and through this potentially guiding farmers' behaviour. Overall private vets found that the maps provided for the Cymorth visit could be improved to provide a better practical foundation to the visit. First, many vets found that the maps provided were inconsistent in scale:

'the map for the first visit was very useful, the next ones had changed, they weren't so good and had a slightly smaller scale'

"the map was very small in scale and not easy to follow. The farmer got his imax map out and we used his instead"

"for the first one [map] we had a good field map, but the last two weren't so good as they were at a slightly smaller scale"

"maps are incredibly important and the Cymorth maps are not as good as the biosecurity maps as they are too small in scale and don't print well"

“for one visit we got sent an OS map so it didn’t show boundaries... if you can see boundaires it is much easier to talk through biosecurity issues with the farmer. it [map] had not nearly as much detail as the DRF”

The issue of printing was also an issue for another OV who stated:

“printing the forms in a way which was legible was a problem and time consuming for us”

As becomes apparent from the quotes above the scale of the maps provided for Cymorth TB vets and the difficulty printing them was a significant issue for most vets. When asked why the maps were so important to the potential outcomes of their visit private vets underlines the importance of maps to visualise and understand local disease risk:

“maps of local disease is very useful and if we aren’t allowed to see local maps which show local outbreaks then we are working in the dark”

This is something which shall be elaborated on further in the last section which analyses the vet focus group.

Best time for intervention

Vets were also asked when to identify the best time for Cymorth TB vets to support farmers. Most vets thought that their support would be most beneficial to farmers who had not yet suffered a TB breakdown, for example vets said:

“we should roll out the visits to farmers who haven’t yet had a breakdown, build it into annual TB testing or in that window, and try to prevent it before it becomes a problem, that’s where the benefit would really come”

“we need to be a bit more forward thinking and an obvious role for OVs is on farms which have never had a TB breakdown, perhaps it should be in the farm health plan”

The idea that the role for private vets should begin before a breakdown, either as part of the TB testing process or as an element of herd health planning, was echoed by most vets interviewed.

3.2.4 Partnership working and Communication

The Cymorth TB pilot aimed to increase communication and partnership working between private and AHVLA vets in the management of a TB breakdown. This next section will examine private vets experience of communications and partnership working during the Cymorth TB pilot.

Before Cymorth TB communications between AHVLA vets and private vets were often felt to be severely lacking. During the interviews private stated that before Cymorth TB that had often felt 'kept in the dark' regarding TB information beyond testing. In fact a number of private vets commented that before the became involved in the Cymorth TB pilot information exchange regarding a TB breakdown was not communicated to them via the AHVLA. In many cases vets relied on farmers to give them information regarding TB on their farm. For example vets commented:

"traditionally we've been kept in the dark and we had to gather information about their TB breakdown from clients which is a bit embarrassing"

"pre-cymorth we had little contact with the AHVLA. We got told the PM results and culture results but in the last 3 years we haven't even had that. It makes it very difficult for us to know what is going on on farms and we have had to gather data about lesions and culture from the farmer"

"we would often have to ask the client for details we wouldn't hear from the AHVLA, the only way we could keep a handle on things is through the clients"

"Before Cymorth we didn't always get the culture and lesion results, before we would have to actively chase up this information"

The situation regarding the exchange of information was perceived as being improved during the Cymorth pilot. Although communications between private vets and the AHVLA vets was varied, in general private vets found their relationship and knowledge exchange with the AHVLA vet had largely improved. For example vets told us:

"we [OV and VO] have developed a very good working relationship during Cymorth"

*"yes it [Cymorth] has changed my relationship with the AHVLA and it's been good to chew the fat with *Ian*"*

*"the communication between VOs, OVs and farmers has been very good during Cymorth, mainly due to a good working relationship with *Sally*"*

However despite this improvement felt by private vets a number of specific issues emerged. In particular private vets felt that initial communication after a TB breakdown between AHVLA vets and themselves was lacking in some cases. Some felt that the AHVLA vets did not communicate enough information to them in regards the breakdown:

"there was not a lot of communication with us, in the initial email their wasn't even details of the case vet or a detailed TB history"

“in general the AHVLA vets have been very separate from us. We get instructions by email, we can access the DRF but it is not a very personal experience, it has stayed quite official. It might be better to speak over the phone in order to liase better”

There were also issues in the time lag between the initial identification of a breakdown by AHVLA vets and the subsequent communication to private vets:

“we get the info a long time after the event has occurred which isn’t always helpful”

“I think something may have gone wrong with emails or contact with the admin staff which caused a bit of a time lag. Getting the correct contact details to start with is important”

So whilst overall vets felt that communication between themselves and the AHVLA had greatly improved during the Cymorth TB pilot there were some specific issues which caused concern in relation to the way information was communicated during the Cymorth pilot. In general these may be described as administration issues; lack of detailed information in the initial email, lag time between test result and contact with OV, and wrong email addresses were just some of those issues noted by vets. The subject of communication will be further explored through the analysis of focus group data in Part Three.

3.2.5 Added value to Private vets

Interview analysis revealed that private vets felt that the training and practical knowledge provided by taking part in Cymorth TB added value to their role as a private vet. For example they felt better informed and qualified to discuss TB eradication with their clients and this led to more satisfying and valuable conversations during TB testing and at visits. Some vets even asserted that this added value through development of their professional practice has led to improved relationships between themselves and their clients. For example vets said:

“being involved [in CymorthTB] has given more value to the role of the private vet for TB”

“[Cymorth] has helped improve relationships and us for us to be seen as being proactive with this and having the expertise”

The farm walk in particular was viewed as a potentially useful exercise which increased their own knowledge of the farm and helped them gave more informed advice on farm management practices relating to other diseases:

“[the farm walk] allows us to get to know more detailed aspects of the farms and the farmers biosecurity needs more generally too”

“its nice for us to be involved, to know what’s going on on farm, then you can find out what the risks are likely to be, for TB and other biosecurity issues”

‘walking among the stock during the Cymorth visit is beneficial for us. For example during during Foot and Mouse disease where we saw how farms fitted together better because we were walking around farms which gives us a better understanding of the farm as well as an opportunity to talk to farmers about the whole concept of biosecurity”

It can therefore be demonstrated that vets taking part in the Cymorth TB pilot perceived benefits beyond training. These included the perception of enhanced value, and an improved ‘on-farm’ knowledge base through the farm walk.

3.2.6 Benefits to farmers

Private vets in general were fairly optimistic that Cymorth TB pilot would have positive benefits for their clients. They cited reasons which closely resembled those given by farmers in the preceding section, including; trust, historical working relationships with farmers, and the value of farm specific knowledge:

“[OVs] have a strong working relationship with their clients, they trust us, whereas they perhaps don’t know AHVLA and they may want to enforce restrictions”

“we’re more involved, as local vets we have a good working relationship and even crusty old farmers who I didn’t think would do anything we had a positive outcome after the [Cymorth] visit”

“its advantageous for us to be involved because they know us. Often they find it difficult to talk to foreign [AHVLA] vets but they can talk to us”

“we have a working relationship with the farm and know the situation locally”

All the private vets interviewed felt that the Cymorth TB pilot was a valuable and beneficial project for the control and eradication of TB in Wales and would like to see the pilot rolled-out for the long term with suggested improvements.

3.2.7 Summary

In general vets were happy with the training they received which they found useful and provided a good overview of TB. However a number of improvements to training were

suggested to further develop and expand the benefits of the project. These included training in TB epidemiology, badger ecology and 'diplomacy'. It was also suggested that the number of training dates should be increased to reduce workload to currently trained Cymorth vets and that a practical 'on-farm' training day would help cement classroom taught skills in the field. Overall the vets enjoyed the Cymorth visit and found the farm walk in particular useful they also identified limitations in the *maps* provided to them for this visit. The maps were often too small in scale and difficult to print. It was also felt that communication between the AHVLA vets and themselves had greatly improved during the pilot but that specific communications, generally around administration issues, could be bettered for the future. Overall vets felt that being part of the Cymorth TB pilot enhanced their knowledge and value as a private vet. All vets thought that they have a role to play in the eradication of TB through the potential roll-out of Cymorth TB in the future.

3.3 PART THREE

3.3.1 Cymorth TB – Focus Group Findings

The focus groups confirmed findings from the interviews as well as providing more insight into the way maps could be used by vets to help manage bTB breakdowns. Findings from the focus groups are presented below.

3.3.2 Mapping the Breakdown

Maps are central to the Cymorth TB visit. However, focus groups confirmed the thoughts of those vets interviewed: that the maps provided were of limited use. During the focus groups, participants were shown the maps used by AHVLA to conduct a Disease Report Form (DRF) to compare with the maps provided for the Cymorth TB visit.

The maps provided for the Cymorth TB visit were not seen to be particularly useful. Typically vets said that the maps were too small, not always centred on the farm, did not include all parts of the farm, or too faintly printed. The main criticism of the maps was that they lacked the field boundaries that the DRF maps included. For example:

“It tells you nothing – it doesn’t tell you where the farm is, where the field boundaries are or anything”

There were also technological limits to the maps. Vets suggested that sending large scale maps in the post was the best way to receive the maps. Practices were unable to print off maps on paper any larger than A4 and often not in colour.

Some vets got around these mapping problems by using farmers’ own maps once on the farm. Alternatively, some drew their own field boundaries on the maps during the visit, either by walking the farm with the farmer or discussing it with them:

“I actually gave up on the maps and sort of did it another way which was just walking the fields so you can see the fences and you say oh what who farms there, what goes there? So to be totally honest I found the maps pretty useless!”

The usefulness of maps is likely to vary between farms. Some vets said that having the field boundaries on the maps can help vets plan these walks more effectively, for example by looking for badger setts on farmers’ land:

“I had to fill in the boundary on the one visit I did with the farmers help – I had to draw around the boundary...we’d already walked the boundary so we did it afterwards so I wanted to map the badger setts. Its beneficial to have a pre look at the maps before you go off wandering round because then you can plan it – so you need to go in, then out and then back out again to fill in what you’ve found”

However, some vets remarked that the three hours allocated to complete the Cymorth TB visit that you couldn’t walk around large farms inspecting the field boundaries. Another commented that some farmers don’t want to walk the boundaries, preferring to talk over the maps sat at a kitchen table.

The main purpose of showing field boundaries on the maps was to assess the risk of neighbouring stock, but this could only be accomplished if the disease status of those farms was known. In some respects, vets argued that knowledge of the field boundaries was not essential: what was more important was the location of disease surrounding the farm being visited.

“The map would only be useful if it told you what was going on around. I mean you can get your farmers’ own maps and walk the fields, that’s not the issue, you don’t need a map to do that but you need to have information about what is going on locally – so you can say well you’ve got Joe Bloggs there and he had a breakdown last year or whatever so you need to be careful how you farm that part of your farm”.

Some vets suggested that the maps were ‘superfluous’ without the disease situation marked on them. Disease status cannot be communicated to farmers due to data protection issues. Indeed, AHVLA vets pointed out that the maps that they have for DRF visits cannot be taken out of the office and shown to farmers because they reveal neighbours TB status. Instead, the maps of field boundaries are used to help structure conversations with farmers about the location of disease and help draw out farmers’ knowledge of the disease status of their neighbours. In fact, as many vets pointed out, the data protection rules are often irrelevant: either the farmer knows what is going on on their neighbours’ farm, or the vet him/herself knows and can advise the farmer on where not to graze. The only danger associated with this negotiation of data protection is that sometimes farmers can have incorrect information, or not fully understand the nature of their neighbour’s breakdown (for example, the outbreak may have originated on stock kept away from the farm). For example:

V1: Most farmers know. I mean Im in north Wales and a TB incident is quite a big thing, but people know

V2: But they might not be right, that’s the thing

V1: That is the trouble

Overall, however, vets suggested that having access to the neighbouring holdings and their bTB status from the outset is likely to improve the quality of Cymorth TB visits.

Alternative Maps

As part of the focus groups, a range of alternative maps were presented to vets to gauge their reaction to them as tools to help communicate bTB risks to farmers. The maps included were:

- A 10km radius map showing breakdown locations around a farm;
- A map of Wales all bTB breakdowns; and
- A Spoligotype type map of Wales; and

The 10k radius map was initially seen as valuable to the vets in the focus groups because it showed the locations of breakdowns, unlike the previous maps. On further analysis, however, vets also found problems with these maps and came up with an alternative way of representing the information in these maps.

Vets initial reactions to the 10km radius map was that it was the most 'useful'. The first problem with the map, though, was data protection: like the DRF maps, AHVLA said that this map could not be shown to farmers because it could reveal which neighbours had bTB. Secondly, the map lacked any contextual detail which could mean the outbreaks could be misinterpreted. As with the previous DRF map, without an underlying OS map vets felt it was difficult to make sense of clusters of breakdowns. Moreover, the maps pinpointed holdings with bTB, but did not say whether the outbreak had occurred on 'outlying land' elsewhere or at the farmers grass keep. Thirdly, vets complained that the maps didn't provide an historical picture to disease in the area: for example, the maps did not show how bTB was spreading in the area. This information was seen as important because it could lead to recommending different kinds of biosecurity practices.

In response to these concerns, vets developed two separate solutions. The first was to do away with the map altogether and replace it with broad statistics. The broad statistics of how many breakdowns in a 10km radius of any farm were seen as a useful resource to communicate bTB risks to farmers. For example, one vet commented that this kind of information had proved useful in the past:

"when you came on the visit to client x which we had – and that shut him up a bit when you could say in 10kms radius of your farm, there are 15 or 12 Tb outbreaks. You can't say there isn't a TB problem in the area which is what he was saying...so it doesn't necessarily need to be a map we just need to have that information"

The second solution was to have more dynamic maps again with an explicit purpose of communicating the risk of bTB to farmers in a clearer way. The proposed solution was to allow vets to have an historical map of bTB outbreaks at county scale on their laptop computers that they could show to farmers. As one said:

"When you start looking at red dots you need to look, its not much use; its like a cine film, you need to roll it forward and see how it changes over time...because you can see the patterns and its even better if you can roll it forward from 5 years to now and this is how the thing is moving – this on its own is just one picture it doesn't mean a lot but as soon as

you start being able to have that on your computer for however long you've got the data it becomes really useful".

This critique of breakdown maps was also applied to the next map shown to vets – a map of Wales with all bTb breakdowns. For Cymorth visits, some vets argued that the Wales map was not personal enough. Vets felt that the Wales map was probably better used to show to a group of farmers rather than on individual basis. Being able to animate the map was seen as valuable, as well zoom in and show breakdowns in specific areas. Again, however, vets suggested that without an underlying OS map, the dots on their own were just 'dots from nowhere' and needed to be contextualised within local geography:

"That has to be on an OS map otherwise its pointless – at this level you need to be looking at the valleys and the hills the reason there may be a bit here because there's no cattle because its all hills or theres a concentration down here in a valley...that without mapping is absolutely useless"

The final map shown to farmers was a map showing the different spoligotypes of breakdowns across Wales. Of all the maps, this appeared to capture the vets attention the most. Some vets had seen similar maps but many had not, although they were aware of spoligotypes.

There were a number of reasons why vets found this map useful. Firstly, it addressed some of the concerns about previous maps being too static and without context. The spoligotype map was seen to be 'dynamic' rather than 'reactive'. The reason for it being seen as dynamic was because it could show where the disease was 'coming from' despite it still only representing a snapshot in time. The map was able to do this mainly in low incidence areas or edge areas because it could distinguish between types of breakdown. For example:

"it just gives you a better idea of where the disease is coming from if you are a new outbreak, whether you just happen to be just another one of the endemic strain or whether you are one where you have definitely moved in from somewhere else or its come in because you've bought an animal from there and it's the same colour as that one"

Secondly, this information wasn't just useful for the vet, but seen to be useful for farmers too. One vet commented that he attended a DRF visit where the spoligotype map had been shown to the farmer who proceeded to get all his staff members to look at it because he felt it was so important. The vet argued that the spoligotype maps gave farmers "some-kind of understanding of where the disease had come from on their farm. It gave them more of an insight into how the disease was progressing". One vet suggested that spoligotyping could therefore help to provide some answers to farmers which they don't often get. For example:

"We had a cow with 22a up here and 22a is normally from down here. And again, it was a cow that was purchased a couple of years ago and that was a really good message to say to the farmer you couldn't blame badgers on Anglesey you couldn't blame that cow had been there for 10 years it had been purchased as a youngster and that's such a good message to give out to farmers"

Other vets suggested that putting this map in a market could have a similar effect. The value was in the information it could convey, as well as informing farmers about the processes laying behind bTB control.

However, there were some problems with the spoligotype maps. Firstly, some of the home ranges are quite large. AHVLA vets pointed out that the 17a spoligotype stretches across Wales and into Gloucester. As a result it was not always clear whether these breakdowns were wildlife related or related to cattle movements. Secondly, not all of the vets were fully up to speed with spoligotyping. One mentioned that that the farmer had mentioned the spoligotype to them but they didn't know what all the different types and their home-ranges were so could not pass on any more information.

3.3.3 Training

As well as offering support to farmers with bTB breakdowns, another aim of Cymorth TB was to improve vets own knowledge of bTB and their relationship with AHVLA in the handling of a breakdown. This section reports on these issues as discussed during the focus groups.

3.3.4 Training Vets

In general, vets appreciated the training they received at the start of Cymorth TB. In particular, they praised the scenario exercises designed to get them to discuss different kinds of breakdown. Vets from north wales felt that it was important for them to be able to discuss different situations with vets from south wales who had been involved in many breakdowns.

The main point of discussion however related to how best to organise training in future. Firstly, some vets suggested that scenario based training could be delivered on-farm to make it even more realistic. Secondly, some vets were quite happy for some of the training to be delivered through on-line modules rather than in-person. Others preferred for the training to be in person.

In terms of the content of the training, vets suggested that there would always be limits to the kinds of training that could be provided. This was because it was recognised that in order to do the Cymorth TB visits properly, the vet needed to be committed in the first place. Many of the skills required had more to do with communication and relationship management. Whilst these were skills that vets picked up in their everyday jobs, not all vets would be in the same position. Younger vets, for example, suggested that they might be at a disadvantage when it came to delivering Cymorth TB because they didn't have a relationship with the farmer they were visiting. Even experienced vets were uncomfortable visiting farms that they did not fully know because they were looked after by other vets in their practice. The importance of relationship management meant that frequently Cymorth TB visits may be played out in different ways according to the situation. For example, one vet commented that:

“you have to show some degree of empathy – for some people it is actually the end of the world – for one of my farmers we just had a chat for about an hour – I’m not sure if it fulfilled Cymorth but you know I think he felt a lot better”

The importance of ‘social care’ as opposed to ‘epidemiological care’ was mentioned by other vets. Sometimes this meant that the Cymorth TB visit was more of an opportunity to talk about a range of issues rather than simply what could be done about it. In some cases, it appeared that only by having this kind of conversation first that conversations could then be had about bTB. In other cases, a pre-existing relationship between allows vets to be more direct in their views about the farmers’ management, such as stock purchasing decisions. In terms of the quality of the Cymorth TB visits, this may mean that some do not tick all the boxes because they need to address others. The extent to which this matters was questioned by vets – as one vet commented, ‘the paperwork was a bit too ministry...but it does have to be more flexible to fit the farmer’.

In addition to the training offered, some vets were keen to see more types of training that could allow them to persuade farmers to act in specific ways. The emphasis on a trusting relationship may mean that such generic skills may not be effective. However, it was felt that it was important to understand how farmers thought about problems themselves and to encourage them to come up with solutions to their own problems. These points also relate back to the role of maps and statistics as methods of persuading farmers to act in certain ways. Vets also suggested that risk assessment tools could help communicate risks to farmers more effectively. Scoring tools and traffic light systems used to measure biosecurity for bTB and other diseases could be used to communicate risks more effectively.

3.3.5 The AHVLA – OV Relationship

The final area of additional training requested by vets was in relation to knowledge of AHVLA procedures and practices. Vets commented that farmers perceived them as an ‘in-betweeners’ between AHVLA and themselves and would frequently ask them for help to negotiate AHVLA. In general, vets seemed to be happy to do this. Some said that they were able to get hold of information fairly quickly for farmers through ‘informal’ routes by knowing how to get around the AHVLA’s switchboard. Where vets understood the legislation and it was simple, they were happy to pass it on, but vets were often reluctant to explain what they referred to as more complicated legislation.

The trouble was that even some experienced vets weren’t always able to explain certain decisions taken by AHVLA. One common complaint from vets was that they were frequently unable to answer farmers questions about why they were on severe interpretation. Some vets explained that their inability to explain this undermined their own expertise and other explanations they might have already given, such as in relation to non-visible lesions. For example:

“It makes farmers quite angry, it doesn’t get them onside and the other thing is that I spend a lot of time telling people just because there wasn’t lesions doesn’t mean it didn’t have TB. But actually if you say that but can’t answer the other questions because you can’t understand the decisions and procedure, it undermines everything you are saying”

“We are doing the test, we do what we are told but it just undermines what we are doing – the farmer doesn’t know why we are doing what we are doing. We can’t explain why we are doing what we are doing and it just creates an undercurrent of well...”

Vets in both focus groups suggested that one solution would be to have a kind of crib or decision tree that they could use to explain to farmers why certain decisions were taken. Whilst this was not impossible, AHVLA vets also explained that in some cases a simple decision tree would still not be able to explain all decisions. However, these problems also reflected problems in the way vets and AHVLA communicated with each other. On the one hand, vets suggested that the SAM computer system could be used more effectively to communicate decisions. This would involve explaining not just that tests should be read on severe, but also using free text boxes to explain why. On the other hand, there seemed to be reluctance on the part of the private vets to contact their case vet to explain why decisions have been taken or find out new information, such as in relation to spoligotypes. Where vets had contacted AHVLA, they sometimes reported that they hadn’t received clear answers which they couldn’t take back to the farmer. Alternatively, one vet reported not being able to get hold of a case vet on a Friday afternoon when he needed information for a visit on a bank holiday. Vets also reported difficulties being able to attend the DRF visit because of communication failures with AHVLA. Another vet reported how they have been unable to contact AHVLA following enquiries from farmers to clarify who was responsible for their next test.

In general, vets had limited contact with AHVLA case vet in relation to their Cymorth TB visit. Few spoke directly too them before the visit. However, this may not have been thanks to poor communication skills. Some vets suggested that the reason for the lack of communication was simply because there was no need to: the visit was simple, there were no problems and/or it was seen as an advisory visit without the need to pass information on. Others said that they did have a useful chat with the case vet after the visit and suggested that this would be the best time to speak to ensure that the visit was conducted with an open mind.

3.3.6 Summary

Maps can provide an important source of information to vets about which they can communicate to farmers effectively. However, it appears that maps can be used more effectively in Cymorth TB. The maps provided to vets were lacking in detail and context. Although some of these problems can be attributed to data protection issues, vets identified alternative metrics that could be used to communicate bTB risks to farmers. Simply having the number of breakdowns in a 10km radius would be a useful starting

point. Data protection issues need to be resolved because the location of other breakdowns is discussed as part of the visit. Relying on vets and farmers' own local knowledge is one way of negotiating the data protection rules, but may not always be correct or accurately reflect the the source of neighbouring bTB outbreaks. The use of other maps may also improve Cymorth TB visits. Maps that can show the spread of bTB across Wales and the causes of breakdowns can potentially help to improve farmers knowledge of bTB and guide their management practices. At the same time, these maps can also help improve vets understandings of bTB.

Vets were generally happy with the training they received. The scenario exercises were seen as excellent. Vets were keen to learn from the experiences of other vets. This has implications for future training. Whilst some vets were happy to conduct training online, there appear to be considerable advantages to having meetings that combine vets from different parts of Wales. Vets suggested that they also need more training in AHVLA decision making. Not being able to explain decisions to farmers was seen as undermining. However, vets also did not regularly speak to AHVLA vets during Cymorth TB visits either. Ways of improving communication between AHVLA and private vets are still required.

4. Conclusions

The key conclusions and recommendations from this evaluation of Cymorth TB are as follows:

4.1 Farmers

In general, farmers felt the Cymorth TB pilot provided them with added support which was beneficial to them.

In particular, farmers believed that the involvement of their private vet in the management of TB gave them:

- (a) an understandable and accessible source of communication/advice;
- (b) a tailored and trusted service which took into account issues of business and empathy;
- (c) bespoke advice based on knowledge of the farm, animals and the farmer; and

Farmers also made clear distinctions between the role of private vets as experts in herd health and AHVLA vets as experts in legislation and licensing.

4.2 Vets

Overall vets felt that being part of the Cymorth TB pilot enhanced their knowledge and value as a private vet. All vets thought that they have a role to play in the eradication of TB through the potential roll-out of Cymorth TB in the future.

Vets were happy with the training they received which they found useful and provided a good overview of TB. The scenario exercises were seen as excellent and it was felt important that vets learnt from other vets in different parts of the country.

Vets suggested that training in future should be held on more days to provide a better fit with other work. Additional training should take the form of a practical 'on-farm' training day to cement classroom taught skills in the field. Requests for additional training included training in TB epidemiology, badger ecology and 'diplomacy'.

There was evidence of improved communication between AHVLA and private vets ,but many vets appeared reluctant to contact AHVLA vets during the Cymorth TB process. Decisions taken

by AHVLA still appeared confusing to vets and ways of improving communication between AHVLA and private vets are still required.

4.3 The Use of Maps

Maps were a key tool used during the Cymorth TB process. Vets expressed support for their use as ways of communicating risks to farmers, organising the visit and identifying biosecurity hazards.

The use of maps was limited by data protection rules meaning that the maps private vets received were vague and lacking in important details.

Vets identified alternative metrics that could be used to communicate bTB risks to farmers such as the number of breakdowns in a 10km radius.

Vets felt that it would be useful to have access to other maps published in the AHVLA surveillance reports (such as the spoligotype maps). Maps which showed threats and the movement of disease were seen as most useful as ways of communicating risks to farmers.

4.4 Key Recommendations

Cymorth TB demonstrates the value of involving private vets in the management of bTB to farmers, AHVLA and private vets. To improve the process in future, the following recommendations are suggested:

1. The DRF – a clear distinction between the DRF and Cymorth TB visit needs to be made to ensure farmers understand the value provided by WG funding of Cymorth TB.
2. Maps – private vets need better access to accurate maps to help them conduct Cymorth TB visits.
3. TB data – vets should be provided with information about the TB situation on surrounding farms (for example the number of breakdowns within 10km).
4. Risk Communication – the Welsh Government should examine the use and effectiveness of using a range of different maps and metrics in Cymorth TB to communicate risks to farmers.
5. AHVLA relationships – private vets need access to simple notes to explain to farmers decisions taken by AHVLA

6. AHVLA relationships – communication between vets and AHVLA during Cymorth TB should be enhanced by having a number of fixed reporting points between the case vet and private vet.
7. Vet Training – scenario based training should continue and involve vets with different experiences of managing TB.
8. Vet Training – consideration should be given to other forms of training and methods of communicating risks to farmers

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