



# Environment, Food and Rural Affairs Committee

## Oral evidence: Animal and plant health, HC 611

Tuesday 4 March 2025

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Members present: Alistair Carmichael (Chair); Charlie Dewhurst; Sarah Dyke; Jayne Kirkham; Josh Newbury; Jenny Riddell-Carpenter; Tim Roca; Henry Tufnell.

Questions 75 - 179

### Witnesses

**I:** Richard Griffiths, Chief Executive, British Poultry Council; Lizzie Wilson, Chief Executive Officer, National Pig Association; Dr Jude McCann, Chief Executive Officer, Farming Community Network; Sarah Tomlinson, lead veterinary science expert, AHDB and Technical Director, TB Advisory Service.

**II:** Dr Christine Middlemiss, Chief Veterinary Officer, Department for Environment, Food and Rural Affairs; Dr Jenny Stewart, Interim Chief Executive, Animal and Plant Health Agency.

Written evidence from witnesses:

- [National Pig Association](#)
- [Department for Environment, Food and Rural Affairs](#)



## Examination of witnesses

Witnesses: Richard Griffiths, Lizzie Wilson, Dr Jude McCann and Sarah Tomlinson.

Q75 **Chair:** Welcome to this evidence session for the Environment, Food and Rural Affairs Committee. Our panel evidence this morning is pursuant to our inquiry in relation to animal and plant health. We are delighted to have a panel involving representatives from the British Poultry Council, the National Pig Association, the Farming Community Network and the Agriculture and Horticulture Development Board. For the benefit of those following our proceedings, and for the official record, ladies and gentlemen—it is good to see we have a gender balanced panel this morning—can I invite you to explain who you are and what you do? I will start with you, Richard.

**Richard Griffiths:** I am the chief executive of the British Poultry Council, which is the trade association for poultry meat producers across the UK.

**Sarah Tomlinson:** Fundamentally, I am a farm vet. I have been a farm vet for 20 years in clinical practice, the last seven years mainly focusing on bovine TB. I joined AHDB a year ago today.

**Chair:** Happy anniversary!

**Lizzie Wilson:** I am the chief exec at the National Pig Association and we are the representative trade association for commercial British pig producers.

**Dr McCann:** I am the CEO of the Farming Community Network, a UK-wide charity providing support to farmers and farming families across the UK.

Q76 **Chair:** You are all very welcome. We are grateful to you for giving us your time and your evidence this morning. To Lizzie, Richard and Sarah—I promise we will not forget you, Jude—what are the key diseases of concern for your sectors? Can you give us a bit of an outline on the trends you are seeing in relation to their prevalence? We can hear from poultry first.

**Richard Griffiths:** For us, the main challenge for the last 20 years has been avian influenza. The number of cases fluctuates over time; some years are much higher than others. It is very dependent on migratory birds and the disease moving within wild birds. The avian influenza year runs from October to September; that is where they are measured. Since October, we have had 45 cases in the UK and just over 40 of those were in commercial flocks. Most of those cases have occurred in the last two months. At the moment, that is probably an average figure for the last decade or so. We all have memories of a couple of years ago when we had over 180 cases, which was the worst on record. To date, throughout the history of this there has been no lateral spread, meaning no farm-to-



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farm spread, so—touch wood—the industry and our colleagues at DEFRA and APHA are doing something right to control the disease.

To quickly finish off, the impact of avian influenza is twofold. One is obviously the direct impact on a farm, the farmers and people involved. Financial or mental, the impact is there. The second and perhaps broader impact is to the industry as a whole when necessary controls are put in place to try to control and eradicate the disease; so the burden and cost of controls both within the UK and our trading relationships with other countries. Every time there is an outbreak and controls are put in place, the impact costs tens of millions of pounds

**Q77 Chair:** Are culling and movement restrictions the actions they have to take?

**Richard Griffiths:** Yes. The initial action taken is culling of all flocks where disease is identified—that is the healthy as well as the diseased birds on a premises—followed by two stages of cleansing and disinfection of that farm before it can come back into operation. The first is carried out by authorities and the second by the farmer or the business involved. And then, on top of that, the 3 km and 10 km control zones within and through which the movement of poultry is incredibly limited: it requires a licence to move poultry through or in and out of a zone. For example, a farm could be infected with avian influenza and, within 10 km, there could be a dozen other farms, a slaughterhouse and a feed mill, all of which will be impacted by the controls in place. I have to emphasise: necessary controls, but burden none the less.

**Q78 Chair:** Anyone awake for Farming Today this morning would have heard possibly one of your members talking about the practical and financial implications of the destruction of the eggs he was holding at the point when restrictions were put in place.

Sarah, just before I come to you, prompted by your own professional qualifications, I am reminded that I should perhaps have reminded everyone that my own wife is a practicing veterinary surgeon and occasionally provides official veterinary services to APHA. That is now on the record.

**Sarah Tomlinson:** Yesterday we had a foot and mouth disease scare. That is always at the back of everybody's mind. Thankfully, it was negated, but the impact of that on the costs not only to Government but also to industry are quite well documented, as are the mental health impacts and veterinary resources.

The other exotic disease we are dealing with at the moment is bluetongue virus which—similar to what Richard has said—requires necessary control measures, but the impact that is having on businesses and people is quite significant. In my experience, communication is key to that. Everybody knows what they are doing in their situation within Government and hopefully the vets on the ground, but farmers are often working in isolation, trying to get out the messages that these are



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necessary controls and importantly what farmers can do to protect their own businesses before these outbreaks happen is important.

My biggest experience and knowledge is around bovine TB. We forget about bovine TB when we deal with foot and mouth and bluetongue because they are here now and spread rapidly.

Q79 **Chair:** That is your day job, effectively.

**Sarah Tomlinson:** Yes. The impacts of bovine TB are every day. It is the fear of the test. It is trying to manage your business because of TB and not how you would like to manage that business. Farmers are not able to invest in genetics and proactive animal health because they are fighting TB. There are financial impacts as well; it is not just the disparity with compensation prices but the loss of that genetic potential, the loss of that lifetime milk yield, and the loss of the calf inside the cow are not compensated for. There was a recent study done on the costs and they were massively underestimated because they were just the direct costs of labour and things like that. The human element is why I do what I do; it is massively impactful.

Q80 **Chair:** You are technical director of the TB Advisory Service, are you not? Can you give us a couple of sentences on what that involves?

**Sarah Tomlinson:** Yes. The TB Advisory Service was started in 2017. It is a commercial contract. DEFRA fund it, but it is delivered through private vets; the farm's own trusted advisers. In the first contract, we delivered over 2,000 face-to-face visits, one-to-one visits to farmers, and over 2,500 visits in the second contract. That is farmers directly getting bespoke advice from specifically trained vets.

Q81 **Chair:** Within private practice?

**Sarah Tomlinson:** Yes. It is DEFRA funded. It is Government advice that is coming through, but it is coming through people who farmers hopefully trust and listen to.

Q82 **Chair:** That you have an established relationship with?

**Sarah Tomlinson:** Yes. One of the big things we have achieved is a mindset shift that farmers actually feel they have some control back over this disease and that there are risks they can manage themselves with a government policy, however farmers feel about how Government are delivering policy.

**Lizzie Wilson:** For my sector, our primary disease of concern is African swine fever, which is a notifiable disease similar to foot and mouth. It is very prevalent across Europe and has been making its way steadily westward for a number of years now. Our concern is that the human-mediated risk is very high. DEFRA itself has categorised the risk as high via a human-mediated transmission, and it jumped 400 km across the Baltic Sea from Latvia and Poland to Sweden in September 2023. The fact that we are an island surrounded by sea does not make us any less at



risk from such a notifiable disease. Actually, for the wider livestock sector, it is the lesser of two evils. To be honest, a greater concern is foot and mouth disease, which will be catastrophic for the entire cloven hooves livestock sector, not just pigs.

**Q83 Chair:** How would you assess the potential impact of African swine fever on the British pig industry if it were to land here?

**Lizzie Wilson:** The initial impact would be that we would immediately lose our export market, which is worth about £600 million per annum. Then, similar to avian influenza, we would basically have to shut parts of the country down. We would have to implement control zones where the movement of animals, people, vehicles and so on is restricted. There would be the potential widespread culling of infected pig herds as well; a huge impact financially and mentally, as both Sarah and Richard have alluded to. There is still a legacy from the classical swine fever outbreak in 2000, which was very swiftly followed by foot and mouth disease in 2001; there are still a lot of people struggling from that, even now.

**Q84 Chair:** In what shape do you think the sector would come out of it?

**Lizzie Wilson:** It is very difficult to say, but to be honest, not good. We are an extremely resilient sector and have been through many crises.

**Chair:** Also very competitive.

**Lizzie Wilson:** Very much, but having been through the crisis in 2020-22, businesses are still suffering. When a business has been through so much mentally, financially and physically, I am not sure many would be willing or able to actually restock afterwards. We have a lot of outdoor pig units within the sector and still do not know how long that virus persists in the soil and when they would be able to restock. It would be irrevocably damaged.

**Chair:** That is a sombre start to our evidence session this morning, but thank you for your evidence and the very professional and candid way you have put it. It leads on to some questions around the impact of these and I am going to ask Sarah Dyke to lead our questioning in that.

**Q85 Sarah Dyke:** Jude, coming to you first, I wanted to say a huge thank you for the work your organisation does to help support farmers and those involved in the industry, particularly the 400 volunteers you have. I have met with several volunteers in my constituency, Glastonbury and Somerton, and their compassion and resilience in the work they do is truly outstanding. Thinking about what you do in terms of animal diseases, what trends are you seeing in the demand for your support services at the moment?

**Dr McCann:** Thank you for those kind words. Our volunteers are absolutely the backbone of the charity. We have over 400 volunteers, predominantly in England and Wales, but we have just started working on a UK-wide project with Macmillan Cancer Support so we now have some



staff and volunteers in Scotland and Northern Ireland. We operate a telephone helpline service, which is open every day of the year and is managed by our volunteers. Our network of volunteers on the ground will go out and provide face-to-face support around the kitchen table or meet somewhere locally to have that confidential conversation. We are all from a farming and agri-sector background, so we can talk the language when it comes to animal disease or many of the other issues.

The presenting issues that come across to us in FCN are predominantly financial, mental health and relationship issues. Animal disease does not come across as a presenting issue in those initial telephone conversations, but we know it is a huge stress and worry for all livestock farmers across the country. We are a charity that has been going for about 30 years now, so we came through the foot and mouth times as well. TB is a common issue that is being presented to us and, as Sarah mentioned earlier, it is about the human impact. Any of these animal diseases that we are talking about has a massive impact on the health and wellbeing of farmers, but not just the farmers; that stress obviously affects their families and communities, so any future policy decisions need to take into consideration the social impact of the animal disease outbreaks.

The value that our FCN staff and volunteers can bring cannot be underestimated. We are a very proud bunch in farming communities, but we will open up to people maybe outside of our area and share those burdens. We know our volunteers have saved the lives of many farmers and the relationships of many farm families as well.

**Q86 Sarah Dyke:** Coming from a farming family myself, I know there is an element of stigma that is still involved, the proudness that the farming community has. There is also that difference of working in isolation. To have somebody they know who talks the same language as them is important, and the work your volunteers do makes such a difference to people on the ground.

You recently published a report, which I have in front of me, that details some effects of bovine TB on health and wellbeing. What were the key findings in those recommendations? I am particularly interested in hearing more around the independent agency that you are suggesting and how that could work to help manage bovine TB.

**Dr McCann:** Back in 2009, FCN did a piece of research looking at the human impact of bovine TB. We decided to revisit that in 2024 and found that not a lot has changed over that time period. Farmers still feel very anxious and stressed about the control measures there are around bovine TB.

We interviewed 450 farmers from across the UK. We did some online survey research but then followed up with in-depth interviews. One of the key things that came out of that report was that farmers' health suffers when there are disease issues. Unfortunately, there is a distrust of



regulations out there, and the data does not convince people that progress is being made, especially around bovine TB.

We worked with Willie Smith, an academic from New Zealand, who has done quite a bit of research in this area around the social impacts of animal diseases. We looked to the New Zealand model, where it has an independent agency. It is really about getting the buy-in of the farming community and ownership to take control to move this forward. We are making one recommendation in the report that an independent agency might be worth considering over here. It seems to be working very well in New Zealand. It is about finding a way to get that buy-in so that we have farmers and businesses on board, the sector behind it to try to mitigate the risks around TB, and get it under control.

**Q87 Sarah Dyke:** That is really interesting. The stats show that, from the 2001 foot and mouth outbreak, 73% of farmers in Somerset experienced depression and anxiety. If we are going to move forward into potentially another outbreak, do you have any stats around how farmers might deal with their mental health struggles? To me, we have to move forward to better protect those farmers if another outbreak were to occur.

**Dr McCann:** We do not have any data at present around that. What I would say is if we look at FCN's volume of calls between autumn and winter this year compared to last year, we are up 15%. We are supporting about 6,000 farmers across the UK every year, which is significant. We used to be called the Farm Crisis Network but changed our name to Farming Community Network. We want to do a lot more work in the proactive space, so forward planning, succession planning, making sure wills are in place and business plans are there. Those conversations are happening within generations around those farm-family businesses.

Over recent years, we have developed a resource called FarmWell. We know there are a lot of people who would never pick up the telephone to a helpline of any sort, but they will go online to find information. We now have over 10,000 people accessing our resources on FarmWell, which is around business and personal resilience and where to go for help. As a charitable organisation, we do not want to just be dealing with the crisis situations that unfortunately come our way far too many times but actually be more proactive and do much more in the preventative space.

**Q88 Sarah Dyke:** Do you think Government across all its Departments are doing enough to support farmers' mental health during disease outbreaks?

**Dr McCann:** It has come way down the pecking order too many times, unfortunately. Obviously, the business and financial side of things and the environmental aspects get huge consideration, and rightly so. But if we are going to move forward in any of this, we need to be thinking about the human impact as well and how we get farmers engaged and working together with Government to get on top of some of these massive issues that are costing a lot of money to the country.



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Q89 **Sarah Dyke:** Exactly. On that, do you feel the Farming Community Network has a sufficient amount of funding support to deal with the amount of demand you are experiencing?

**Dr McCann:** We are very grateful for the support we get from across the industry. We do get some funding from the Department, but I will be honest: we are one organisation of many across the UK providing support and I do not think we are scratching the surface of this. Unfortunately, there are many more people who are not coming forward and we are not able to reach. With additional funding and resources, we could be supporting people before the problems escalate into a crisis situation.

Q90 **Sarah Dyke:** Sarah, turning to you, what assessment have you made of the merits of establishing an independent agency to manage bovine TB outbreaks?

**Sarah Tomlinson:** I have been part of a government stakeholder advisory group, so I was part of the Bovine TB Eradication Advisory Group for England from 2016, and more recently the bTB Partnership. To some extent, that has been an industry/DEFRA/APHA collaboration.

I deal with and talk to farmers every day. I am not sure they see that as a farmer's voice at that table. I am really privileged. I was at a farmer meeting last night in Shropshire. I get to speak to an awful lot of farmers and Jude is absolutely right: it is the lack of control that they perceive over their own businesses. Having people involved in decision-making processes makes it easier to accept those processes because, as we have all said, they are necessary to manage notifiable diseases.

If I can share a couple of examples, and I have personally spoken to the farmers for their permission. The TB Advisory Service also has a helpline. It is there to give biosecurity advice for farmers, such as how high to raise your troughs to stop badgers accessing them and risk-based trading. I take an awful lot of those phone calls, and I have become a counsellor. Farmers ring me under the guise of wanting some technical advice. I am not exaggerating.

A farmer last night—who I have had regular contact with—called me out of the blue and wanted to discuss what had happened with his TB breakdown. At the end of that phone call, he told me that I had saved his life just by listening, knowing the science and evidence, and explaining the process to him. He was lucky because he found out about the TB Advisory Service, but there were people in his day-to-day life—including local APHA—who he felt were not able to give him that information.

I also speak to a lot of APHA vets who do not have the resources on the ground to be able to give the service that they potentially want to give. All disease breakdowns should get a visit from an APHA vet to understand where it has come from. They are triaged, so a lot of farmers do not get them. The first time they get a phone call is when they have been under restrictions for 18 months to say, "We're going to start doing more with





you now.” The disease report forms to identify where the risk has come from are done over the phone. Actually, people need to speak to people. When farmers talk to me about having that contact with APHA vets, they absolutely get that relationship. As Jude said, we cannot underestimate the benefit of sitting at someone’s kitchen table to talk to people and explain why we are doing what we are doing.

**Q91 Sarah Dyke:** That intervention needs to come quicker; 18 months is too long. Having those conversations undoubtedly has a knock-on effect to veterinary professionals as well, because at the end of the day, you are not trained counsellors. What impact is it having on the veterinary workforce and how do you think we can mitigate it?

**Sarah Tomlinson:** I have been a vet in practice delivering TB testing for 20-odd years. We are just a tester; we do not get to decide what tests. We do not get to decide how to manage that breakdown once it happens, and yet, for anything else like that—such as BVD or Johne’s—we get to make a health plan. We are very much kept out of TB. For a long time, the veterinary profession has gone, “Oh dear me, I’ve found reactors,” and we walk away because APHA take it up. I know I am biased but I would like to think the TB Advisory Service has trained over 400+ vets to feel more confident to talk about TB as an infectious disease on farms. We signpost them to our ABI and FCN training to pair up with local advisers because you are right: we are not counsellors, but we are really privileged that we are at that front line and knowing where to signpost people to that help and support is really valuable. TB Advisory Service is meant to go out and deliver TB by security advice, but we have actually achieved a lot more by giving that one-to-one support that farmers desperately need.

**Q92 Chair:** The number of vets who are working in that area—genuine mixed or farm practice—is very much a declining number, is it not?

**Sarah Tomlinson:** Yes. Retention and recruitment within the farm sector for veterinary is quite scary. There was a recent survey from the Farm Animal Veterinary Society, FAVS they call themselves, which found that when students go to vet school, about 80% of them want to go into farm. By the time they leave, it is not the same. Among a lot of issues—such as salaries and working hours—one is TB. If you want to work with cattle, you are going to work in areas where there is a high prevalence of TB.

**Chair:** I regularly receive further evidence of this around my own dinner table. We will leave it there for the moment. Josh, you are going to lead us in questioning on preparedness.

**Q93 Josh Newbury:** You will be aware, as we are, that DEFRA recently announced it is investing £208 million to set up a new national biosecurity centre, which it says will modernise the Animal and Plant Health Agency facilities at Weybridge. We have heard, as a Committee, that Weybridge needs billions of pounds of investment; some of its buildings are 70+ years old and are way past their term of life. In many



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ways, Weybridge has become a single point of failure as well in terms of outbreaks, which is obviously extremely concerning given the risks we have been discussing to the meat, dairy and animal by-products export market, apparently worth around £16 billion annually.

Lizzie, the National Pig Association has said that, essentially, it is just a rebrand rather than the setting up of a truly new facility or giving APHA the resources it needs. Can I ask you all to comment on whether you think this investment is sufficient, and what more could be done to strengthen Britain's biosecurity to prevent future outbreaks?

**Lizzie Wilson:** I do not think any of us think that it is anywhere near enough investment. It is our flagship horizon scanning centre for the surveillance of disease, especially notifiable disease. If we are talking about preparedness and prevention, which is essentially key, then we absolutely do not believe the necessary precautions are being taken. I do not need to go through, in detail, the evidence both Lucy and Helen gave at the last panel; we know 90% of illegally imported products of animal origin are coming in via Dover port. We know it is coming in via tourist routes: illegally imported pig meat in vans and coaches and so on. We also know that it is coming in via the commercial lanes as well because the BTOM simply is not fit for purpose. That is where we believe more resource should be channelled.

Dover still does not have any funding agreement in place, and we literally have weeks before it has to stop all those inspections and checks. I appreciate the Border Force representative acknowledged that it does confiscate products of animal origin when it finds them, but we know it is not its priority. Understandably, it cannot be. We also know that down the west coast of the country there are no controls, checks or monitoring whatsoever. It is essentially an open door for products to flow into the country.

We have the safeguarding measures that were implemented, so the 2 kg threshold, but it is very confusing for tourists. It is very difficult to implement and enforce and, as with any other safeguarding measure—we have them in place for FMD at the moment—they are entirely pointless if there are no resources dedicated to implement and enforce them. Otherwise it is simply lip service.

From 10 January when FMD was announced in Germany, we know that the digital auto clearance system was still operational for products coming from Germany until at least 18 January. It is still active now as well. There is no mechanism to identify those lorries which have self-declared themselves as low risk and, therefore, been auto cleared so they do not have to be inspected. There is no follow-up protocol as to whether they presented at Sevington. If not, where have they gone? What has happened to that product? So prevention, as far as we are concerned, is not good enough.



It needs some sort of engagement, and I know that has been highlighted. It needs the different departments to actually liaise, engage and speak to the port health and local authorities who are desperately trying to stop this product from coming into the country without any support or much resource because, if we do end up with another notifiable disease, ASF is predicted to cost us between £10 million to £100 million and foot and mouth disease potentially £14.7 billion in today's money. If that happens, Government will be complicit if they have not stopped the meat, that they are entirely aware of, from coming into this country.

Q94 **Josh Newbury:** Richard, do you agree that Dover is the priority, but that the investment at Weybridge is not adequate either?

**Richard Griffiths:** All the points being raised here today need attention: Weybridge, Dover, everything. I would just like to make a couple of comments about impact and investment. To preface it, we are always trying to create a more robust environment before bad things happen. Reacting to disease is necessary, but the best investment we can make is putting our defences in place first. Weybridge is part of that; it is part of both sides.

I am going to talk a little about resources, but I would like to put on record my support for colleagues in DEFRA and APHA who have done such a fantastic job in disease control for us in the poultry industry over a number of years. When I talk about resource, it is about the amount of resource, focus of resource, the skills, training and development of that resource and the ability to plan succession for that resource.

We have colleagues within DEFRA who have been working on avian influenza as long as I have, and that is 20 years. What happens when these colleagues retire? Is there a plan for getting people in behind that? Reacting to a disease and, ahead of time, building the defences comes down to people and how we, as an industry, attract people to our sector. How we, as a nation, see food production and what importance that has to play. I know the answer to this question, but do we have a plan for food in this country? The answer is no. If we did, what would that look like and how would we then assign resource to disease control if we were prioritising a certain degree of food security?

For the businesses that I represent, all these risks and impacts focus down into confidence to invest. My member companies are all keen to invest because that is the way to increase productivity and efficiency: bringing in new technologies to be a viable business for the foreseeable future. We often talk about the financial impact of disease but the other impacts, the resources, skills and training and the ability to make decisions quickly in a time of crisis is immensely important and one that we see at risk because we are losing skills and people. On top of that, we have the friction in trade that disease causes.

I apologise for bringing in another big subject area, but the SPS agreement with the EU that we are currently lacking will not solve



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everything, but it is opening the door to finding solutions and putting defences in place and understandings between nations that will reduce that friction and the burden if, and when, disease happens. Yes, the financial impact is massively important and the cost of investing in renewing our resources is also incredibly important.

On that note, you may be aware that DEFRA and industry ran an AI vaccination task force which is expected to report in the spring. Part of that was a study by the research agency, FIRA, on the financial impact of an avian influenza outbreak. I believe it was commissioned in 2020-21, and we are still waiting for its report, but it might be of interest to the Committee. However, the CVO may know more about that process than me.

We have to look at it holistically; it is not just one issue. Weybridge is important, but investment is too. My last point here is going to be that it is not all about investment by Government. It is not all about investment through public money. We, as an industry, are in this because we want to be, and we are determined to be a good industry. Talk to us about how we can share responsibilities and the burden of the costs of investing for the future because that is what we want to do. It is not a them and us situation; it is an all of us situation.

**Q95 Josh Newbury:** One thing we are hearing loud and clear is that we cannot have single points of failure when it comes to disease outbreak, biosecurity and preparedness. On the point of partnership with industry, on behalf of your members, have either of you yet had the opportunity to feed into the process of creating this national biosecurity centre? If you did, or if you are, what are you saying to DEFRA around things like biosecurity measures, technology that we could incorporate into this or a new centre to safeguard your members and their businesses?

**Richard Griffiths:** We have not been engaged on that specifically.

**Lizzie Wilson:** Likewise.

**Q96 Josh Newbury:** I take it you want the opportunity to do that, and we would very much want you to be involved. What would you be saying to DEFRA if it did come to you and ask what it should have? Put aside the issue of whether it is a new biosecurity centre, what would you like to see at Weybridge that we do not have currently?

**Richard Griffiths:** My question to it and us, collectively, is what do we want to achieve with it? If we want to achieve a strong defence against animal diseases, that is going to take a significant investment in people and technology. We all have to be willing to do that. Trying to retrofit something is not a long-term solution. To just update something is not the way to go. I am here saying Weybridge is important but, actually, what Weybridge delivers is important. Is it Weybridge as the site that is the key, or is it the people, the technology, and the outcomes that we want that are the important thing? I think it is that, so let us have a



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sensible conversation about the outcomes that we are looking to deliver together.

Q97 **Chair:** Actually the fabric improves the outcomes. If you take highly qualified and motivated people and put them in a portacabin, then you are not going to get what you need.

**Richard Griffiths:** Absolutely.

Q98 **Josh Newbury:** We are getting the message that these are extremely talented, able and dedicated people who need the tools to be able to support the industry. We are hearing that loud and clear this morning.

In the interest of time, can I move on to you, Sarah, and the availability of vets and animal health professionals on the front line to help tackle these endemic and exotic disease outbreaks? The Royal College of Veterinary Surgeons has said that, although the numbers of surgeons and nurses are growing, demands are nowhere near being met. Some of its figures suggest that, among leavers from the profession, a big proportion of them are recent entrants into the sector and a lot of them are going overseas. The question is: do we have enough vets to be able to tackle these risks? How are we going to stem that flow out of the profession given that we are not getting as many in as we need?

**Sarah Tomlinson:** We have a potential solution in that, quite recently, an apprenticeship was approved through Harper Adams for vet techs. So we will have support, within farm veterinary practices, under a vet-led team of practitioners who are very technical and well skilled around animal health and welfare and who will go out and support delivering vaccination schemes and blood sampling.

Going back to the resources we were just talking about, one of the limiting factors with TB control is people. When people are diverted to deal with exotic disease outbreaks, TB control can suffer. For example, Government vets deliver gamma testing which is supplementary testing after a breakdown. They were delayed considerably when AI hit a couple of years ago. Farmers still have to legally go through their skin tests, but they were not allowed to have movement restrictions lifted because the blood test had not been carried out. We have vet techs that could come and deliver that through the private sector. Unfortunately, with the way the Veterinary Surgeons Act is set out, they are not able to legally do that at the moment. So there is a potential solution. We also have approved TB testers who are going out and delivering a lot of TB testing, which has allowed the vets to potentially concentrate on more of the proactive advice such as the TB Advisory Service.

Farm vets spend too much time delivering TB testing. When six-monthly testing was introduced in my practice in Derbyshire, over 70% of our billable time was taken up TB testing, but only 30% of our billable income was from it. That is not a viable economic model for a vet practice. We need to support our rural, small, independent practices because vets need to be within a certain distance to react to emergencies otherwise



what is the point of calling your vet out if time is the limiting factor? As a profession, we do need to look at the way the farm veterinary industry is set up to allow farmers access to a good, well-skilled veterinary practitioner but not necessarily a vet. A vet-led team and support members can work alongside their vet to deliver the practical stuff.

**Q99 Josh Newbury:** That sounds promising. One of the things we heard when we visited Weybridge, and from various stakeholders in the sector, was on our ability to manage simultaneous outbreaks if we have multiple diseases. We heard that the risk of that happening is going up all the time. How confident are you in DEFRA and APHA's ability to deal with the situation if we had several major outbreaks on that scale at the same time?

**Sarah Tomlinson:** I cannot lie, that is what kept me awake on Sunday night. If we were dealing with bluetongue and foot and mouth came in, where were we going to get the people to deal with it? TB is my specialist subject, if you like. It is about not allowing that to impact the amazing work we have done over the last 10 years in TB control. We have the lowest levels that we have had for 20 years. I have just said gamma testing gets suspended. Mapping was suspended as well in some radial areas. We have a really good example of what happens as, in 2001, we suspended TB testing when we had a foot and mouth outbreak. TB levels went from less than half a percent of herds shut down with TB to nearly 5% in the space of three years.

We need to not take our foot off the pedal if, God forbid, we did get foot and mouth, ASF, or other notifiable diseases. With private veterinary surgeons, there is a real want to be able to deliver that advice. We have upscaled a lot of vets to be comfortable doing that, so we need to think of a clever way as to how we can use those vets in practice to support farmers and support Government delivering disease control.

**Q100 Chair:** Jude, do you want to come in at this point?

**Dr McCann:** Yes, just to come in on what Sarah has been outlining. We all know the mood in our farming communities is very low at the moment. If there were to be another disease outbreak, we seriously worry how we could, as an organisation and a society, manage it. One of the common themes we have heard from the panel here this morning is around people, and it is all about people. We need to heal relationships between Government and our farming communities. We need to build up those relationships again. We need to be working constructively together so that we can tackle some of the major issues that are on our doorstep. We cannot underestimate the importance of that communication, of getting that buy-in and getting a collective ownership. We have an excellent relationship with APHA and DEFRA. We provide training to colleagues in both of those organisations, and I welcome the co-creation work that DEFRA is now embarking on, looking at a 25-year plan for farming. It is a good start, but we have a long way to go to heal relationships between the sector and Government.



Q101 **Josh Newbury:** Finally, on that point, when you are talking to farmers do you get the impression that the fear of an outbreak and, perhaps, the thought that support will not be there is weighing on them as much as when an outbreak does happen? Is the fear of it just as bad?

**Dr McCann:** Yes, the fear is very real. Some people have been operating a farm business with TB for many years and it becomes part of their business. For those where it is new in their area, there is a massive fear. There is a fear of bringing it in by buying stock from elsewhere, about what the neighbours will think and those societal pressures. There is a real fear of when it happens, but even before it happens there is anxiousness that adds to all the other pressures. We know there is a protest here in London later today. That is one of many issues and the disease situation is another one that keeps people awake at night.

Q102 **Chair:** Lizzie, did you want to come in?

**Lizzie Wilson:** To add to that, in my sector there is a fear, in the event of a notifiable disease, of not just the possibility of having your entire herd culled but for the restricted movement of animals for those stuck in a control zone as well. We have been through that once before, between 2020-22, where the sector lost £750 million and pigs were backed up on farms. It is a concern as to how long am I going to have pigs on farm for? How am I going to manage that and what are the options thereafter? As Sarah has alluded to, it is not just the actual response to that crisis; it is the maintenance of business as usual. Where is the resource going to come from for that, to ensure that people can continue to maintain their business in the event of a notifiable disease outbreak?

**Chair:** I remember the point at which BSE broke out. We were living in Aberdeenshire and exactly what you are describing, Jude, was what we saw. Sarah, the need for a new Veterinary Surgeons Act is one to which we shall be returning. We will note and hold your evidence on that point in the meantime. To move on, we have some questions in relation to response measures and Jenny is going to lead on that.

Q103 **Jenny Riddell-Carpenter:** Lizzie, perhaps I can bring you in on this. Following the recent foot and mouth cases in Germany, this Committee recently heard that it took up to six days for controls on commercial imports to be fully taken into effect. I believe that the DEFRA IT computing system was a counter for that. Do you share our concerns about these reports, and do you have any comments from your perspective?

**Lizzie Wilson:** I do. As I alluded to earlier, we have heard reports that the digital auto clearance system was still active for the period of six to eight days. There is evidence of it still being active allowing in products of animal origin from Germany last week or the week before. There are combined products, EU goods that have German products of animal origin within them that are still able to be released.



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It is definitely a concern because the persistent narrative is that there is no risk, it is all under control and it is not something that you should worry about. As Jude has talked about, it is a constant concern. It is inducing constant anxiety for our producers as they know it is literally just across the water and the evidence suggests that not enough is being done to prevent an incursion.

**Q104 Jenny Riddell-Carpenter:** You have touched on some challenges, guidance, support and communications but what do you think the Government could be doing generally to provide more reassurances or communicate more effectively?

**Lizzie Wilson:** The one message we get from farmer members is, "I've been on holiday. I've been here. I've been there. I've seen all this messaging in airports and other countries, especially when it is a zero-tolerance policy. It is very clear and easy to understand. You don't bring your ham sandwich back for lunch because it's a high risk."

At the end of the day, our worst case scenario is an infamous ham sandwich finding its way onto an outdoor pig unit. That is how we ended up with classical swine fever back in 2000. Zero tolerance on all personal imports of pig meat to be honest, but that needs to be fully resourced to be properly implemented and enforced. We know that.

I would like a review of the BTOM. Is it fit for purpose? Is it working? Is it just teething troubles? Will it get better? If we are completely honest, we are not entirely assured of that. Adequate funding for various ports and local authorities that are desperately trying to stop and seize the flood of products of animal origin coming into the country. I know Dover has now confiscated 200 tonnes since September 2022. It has breached the 200 tonnes mark and we know it is increasing all the time. The demand is there; it is a black market demand. Other markets that have ASF, like Romania, have had their domestic markets collapse so they are looking for other routes and meat is still very cheap in this country. They will continue to pull it through if people continue to demand it.

**Q105 Jenny Riddell-Carpenter:** How effective do you think housing orders and movement restrictions are at controlling and restricting disease outbreaks?

**Lizzie Wilson:** Recently, we have had foot and mouth disease in Germany. That seems to have been pretty well controlled. There have been no new cases. All the suspected animals have tested negative, all the wildlife that has been tested and culled in the local vicinity, both retrospectively and proactively, have tested negative. It remains to be seen what would happen in this country. We are still waiting for amendments to the control zones to ensure that we are aligned with the EU. I appreciate there has been a succession of events that has delayed that with the general election and so on. We have been working very hard with both DEFRA and APHA to ensure that we, as a sector, are as prepared as possible.





We have a responsibility. Looking at contingency planning, looking at different scenarios with different parts of the supply chain, what would we need to think about, what do we already know, what do we not know, what would we need to do, what do we need answers from DEFRA and APHA about? In that regard, we have been very proactive as a sector and I would hope that we are as far forward as we could possibly be, but no one knows until it lands, unfortunately. At the end of the day, as we have already discussed, it is all about resource and that is extremely limited.

**Q106 Jenny Riddell-Carpenter:** Lizzie touched on this in answers to my questions and throughout the session, but to you all, if you have any ask from Government then this is your moment. In terms of further support in responding to these outbreaks and embedding that business resilience, is there anything you would like this Committee to hear in regard to those asks of Government?

**Richard Griffiths:** Shall I start? In terms of response measures, there have been some positives from the last few years. As a sector, we have probably been the most exposed in response to disease measures. APHA's response is very quick and efficient. Industry plays a massive role in that, so it is a partnership approach but generally it is very good.

As I said earlier, we have not seen any lateral spread of disease from farm to farm, so something is working and licensing for movement has become much more efficient over the last 20 years.

We are in a position now where the cons are that AI has changed. Avian influenza has changed over the years. It is becoming endemic in wild birds. Are the control measures the right ones still? We desperately need a review of the avian influenza control strategy; it has not been updated since 2019. There are new areas to consider, and vaccination is one. It is not there yet, but it is an example of the considerations that need to be taken in a new and modern approach. How do we react in terms of controls? Whether the controls that we decided to put in place initially are still valid is a question. Whether the time scales involved in the practices of, say, cleansing disinfection are still valid. The point of compensation being paid as poultry is not on a level playing field with other species. Review is needed in terms of controls and contingency planning. I suspect that we will not get to it anytime soon because there are all these other challenges and Government and APHA have to respond to the most urgent one, quite understandably. So we need to find time and space to review those control strategies.

**Q107 Chair:** Lizzie, can I just come back to one of the answers you gave in reply to Jenny? You mentioned animal products still entering the country last week or the week before, if I picked you up correctly. Could you just expand on what you meant?

**Lizzie Wilson:** There is evidence that products of animal origin from Germany were auto-cleared via TODCOF last week or the week before, as far as I have been informed.



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Q108 **Chair:** So TODCOF is a timed out decision contingency feature. That is effectively what?

**Lizzie Wilson:** That is when loads are able to self-declare as low risk. They can obviously auto-clear two hours prior to arrival via the digital system. Apparently, that is still active for Germany when it should not be.

Q109 **Chair:** So if you have an animal or animal-derived product from Germany, it should not be coming in, but it can come in if you self-declare it as being low-risk through TODCOF.

**Lizzie Wilson:** So I have been told. I am not saying it is happening on a mass scale, but there is evidence that it has happened over the past couple of weeks.

Q110 **Chair:** How much are you able to share with us what you have been told and by whom?

**Lizzie Wilson:** Probably afterwards, if that would be okay.

**Chair:** We may follow it up with correspondence. We are a public evidence session and I do not think it is appropriate for us to get into private conversations. We will pursue this in correspondence.

That concludes the questions that we have for you this morning. It has been an exceptionally powerful and thought-provoking evidence session. We are very grateful to you all for your attendance and participation. The inquiry is ongoing, and you will hear more of it in the future. For today, for your participation and attendance, we are very grateful. Thank you very much.

### Examination of witnesses

Witnesses: Dr Christine Middlemiss and Dr Jenny Stewart.

Q111 **Chair:** Our evidence session now continues, and I am pleased to welcome Dr Jenny Stewart in the room and joining us virtually from Paris, Dr Christine Middlemiss, the chief veterinary officer. Jenny and Christine, can I invite you both, for the benefit of our official record and for those following proceedings, to introduce yourself and give us an indication of the work that you do?

**Dr Stewart:** Good morning, Chair. I am the interim chief executive officer of the Animal and Plant Health Agency, which is an executive agency of DEFRA. We are the operational arm of DEFRA in response to animal and plant diseases.

**Dr Middlemiss:** I am the UK and England chief veterinary officer. I give advice to Ministers on animal health and welfare matters for England and I represent the UK internationally. I am also the face of the competent authority; the assurance and verification that our animal health status and the trade we do is as we say it is.



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**Chair:** That is very helpful and I will maybe return to that later. We risk losing a few colleagues this morning because they have duties elsewhere in Parliament, most notably in the Chamber, so I am going to reorder our business and start with Tim, who will lead questioning in relation to biosecurity infrastructure.

Q112 **Tim Roca:** Can I start with a broad question for you, Jenny? What limitations does the UK biosecurity infrastructure have, and in your view, how do those affect our ability to respond to the threat of notifiable animal diseases?

**Dr Stewart:** Let us start, like our colleagues in the previous panel, with where the UK's capability comes from. Our capability comes from our people and from giving them the tools they require, whether that is kit or digital and other infrastructure that underpins their ability to do their job. Obviously, we have some very specialist infrastructure in the Animal and Plant Health Agency that supports our ability to work with, diagnose, and do research on different animal and plant pathogens.

Your question was about the constraints for the UK in that space. It would be unusual for me not to say that significant underinvestment in our high-end world-leading infrastructure at our Weybridge site and across our regional network of laboratories means we are definitely looking at investment in order to ensure that we continue to have those capabilities into the future.

Q113 **Tim Roca:** You are dealing with a very sympathetic Committee that has visited the Weybridge site and seen the vast sums of money that have been allocated in places like the United States, Canada and Germany. So you are pushing at an open door there.

What capacity do we have to respond to concurrent outbreaks at the moment and what potential scenarios are of concern to you?

**Dr Stewart:** I would again be remiss if I did not remark upon the fact that we are facing two concurrent disease outbreaks in this country: bluetongue and avian influenza. But we have also responded to reported cases for other diseases in recent days and I am sure we will touch back on those in committee.

We have the capacity to respond to different outbreak sizes in different combinations, but that is very much dependent on the types of disease we face and the types of facility we have. For example, we are currently responding to avian influenza and we have in the order of tens of infected premises. That is a considerably smaller order of magnitude than the outbreak we faced two years ago, so we know we have more capacity and we know that we never reached maximum capacity in lab usage two years ago.

What we also know is that different parts of the Animal and Plant Health Agency system come under pressure in different scenarios. For some scenarios it is our ability to respond in the field, for other scenarios it will



be the capacity of the labs themselves. We have limited capacity at the very high end of containment for the most dangerous pathogens that we deal with. Currently, we have two facilities that can handle those high end pathogens, so we have a degree of redundancy when we are working at pace in one of those areas. Often, though, we will be facing into different types of disease. For example, although TB is endemic it is still something we work on constantly, and we use a particular building that is separate and different from that which we use for avian influenza. So, there is a degree of nuance, but we are constantly looking at the different scenarios we might face and the risk basis for that is derived from surveillance, working with Christine and policy colleagues and internationally to understand the most likely scenarios. There is a point at which lab capacity will be very constrained.

We also work with other partners, most notably the Pirbright Institute, which has some capabilities and capacities that are complementary to but not the same as ours.

**Q114 Tim Roca:** That is really helpful. I might turn to international partners in a moment, but I just want to go off on a slight tangent—if the Chair will indulge me—about an outbreak of avian flu in the north-west and protection zones impacting the Speke area. The AstraZeneca childhood and adolescent flu vaccine is produced at Speke. It is not within the protection zone, but it could be. Are you working with it to make sure that, if it does need to apply for a licence in the event the protection zone expands, it can be expedited and production will not be affected?

**Dr Stewart:** Absolutely. I do not know whether Christine wants to build on this, but I know that APHA officials are in direct contact making sure that we are working with AstraZeneca in that area so that we are immediately able to respond to its requirements if the zone does expand.

**Q115 Chair:** Christine, I see you on the screen nodding, do you want to add to this?

**Dr Middlemiss:** I can confirm that APHA and policy colleagues in DEFRA are working with AstraZeneca on its contingency plans for such a situation.

**Q116 Tim Roca:** That is really helpful and reassuring, because obviously we do not want an interruption in the production of that vaccine.

Jenny, you mentioned international partners: how could we work better with our international partners in the EU and beyond to prepare and respond to animal diseases?

**Dr Stewart:** I will also let Christine come in on this. We work very closely with European and international partners. As an international reference laboratory for 23 different pathogens and a world-leading centre of expertise, APHA has an obligation to share with others and that also enables us to continue to work really effectively with our European and international partners. There is always more we can do. I would



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never say anything other than that, but our networks and our professional relationships are particularly strong and enduring and allow us to share information and work collectively and collaboratively. Indeed, Christine is in Paris today as part of that relationship.

**Q117 Tim Roca:** I do not know, Christine, if you wanted to comment on that, but I would be interested to know from both you to what extent an SPS agreement would be beneficial and alleviate pressure on infrastructure and people.

**Dr Middlemiss:** I am at the World Organisation of Animal Health today where I sit as one of nine members on the council. Jenny is correct; we are very strongly linked to international networks because our science and technical expertise is well respected and we take the approach of being transparent and sharing information. So, we work strongly across WOA. We are also a very active member, indeed I am chair this year, of the Quads Alliance Network—the US, Canada, Australia and New Zealand—which brings together our thinking and sharing expertise. While we are not a member of the EU and on their committees anymore, we maintain strong technical relationships with chief veterinary officers through the G7 and other regional forums.

Turning to an SPS agreement; whether we would be a member again or an observer of EU Animal Health and Welfare Committees such as the SCoPAFF Committee will all be in the detail, and that will obviously be for discussion in any talks going forward.

**Q118 Chair:** Christine, if I could maybe come to you for a second in relation to the prevention of foot and mouth disease. In 2022, the Public Accounts Committee found that the then Government were not sufficiently prioritising the significant threat of animal diseases. What have you been doing since 2022 to address these concerns?

**Dr Middlemiss:** During 2022 we were at medium risk of an incursion of African swine fever, a risk which still remains. The recent German foot and mouth outbreak has also taken us to medium risk for the incursion of foot and mouth disease. But as Jenny has said, there are diseases that have other ways of coming into the country such as vector borne diseases; we have had outbreaks of those. While they stretch our resources, they also give us the ability to plan and test our outbreak arrangements, which we have been doing, particularly through the ongoing highly pathogenic avian influenza outbreak and how we work from the field through to the lab. We have looked at processes around the reporting of suspicion of disease, that first visit, how we confirm disease, getting samples to the lab and the decision-making process, so we are strong in that area.

Obviously, there are ongoing resource issues. Nationally there is a shortage of vets and it is no secret that in Government we particularly feel that shortage. Therefore, we are under ongoing pressure both from



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the turnover of veterinary supply and the ability to resource looking at other disease threats that we are not immediately dealing with.

It is also important to note the role of import controls in stopping disease, which we may want to talk about in more detail. There was a period during our departure from the EU when we only had import controls for third country imports rather than for EU imports. The implementation of the BTOM has changed that position.

Q119 **Chair:** Christine, coming back to your original introduction, where do you sit as a chief veterinary officer in relation to your own profession, public health in general and the Department? Can you talk me through that?

**Dr Middlemiss:** I am the head of profession for vets in Government and across government. I am an observer on our CVS council, but I am not a voting member of the council given that it is an independent regulator and DEFRA owns the regulation. I work closely with members of the profession and have a strong relationship with the BVA and RCVS, the Veterinary Schools Council UK and others but, other than normal animal health and welfare legislation, I have no direct levers over them.

Q120 **Chair:** We took evidence in February from the Dover Port Health Authority and independent consultant Helen Buckingham in relation to the operation of border port controls. As a consequence of that, we wrote to your reporting Minister on 11 February. She wrote back to us on 24 February. You are quoted in this letter. Have you had sight of the letter that the Minister sent back to us?

**Dr Middlemiss:** Yes, absolutely, and the quote came directly from me.

Q121 **Chair:** Right, okay. The letter is very full in the detail that it provides in relation to the questions that it answers, but there are a number of questions we posed in our original letter that apparently do not get a response. So I wonder if we could maybe just take a second or two to run over them. Given that it is not your letter, we accept "I don't know" could be an acceptable response, in which case we will deal with it in another way.

We asked, "What was the quantity of prohibited goods that was able to enter the country in the time between controls being approved and IPAFFS being updated?" For the benefit of the uninitiated, IPAFFS is the DEFRA software that deals with the import of products, animals, food and feed systems. Are you able to help us with an answer to that question?

**Dr Middlemiss:** I cannot give you an absolute quantity, but the key quantity is the time between me making the decision on restrictions and the port health authorities being informed, where they started to take direct action themselves in looking through the system rather than relying on IPAFFS to look at the system.



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I know, for example, on Saturday, because I was in direct contact with a leading Port Authority vet that they were holding consignments because they were making manual interventions in the system.

Q122 **Chair:** What does holding consignments mean, exactly?

**Dr Middlemiss:** They stopped them at BCPs. So, when I made the decision, Germany had declared a foot and mouth outbreak and they could no longer sign their certificates. Most certificates have a requirement in them that the country must be free of foot and mouth disease; that is one measure to stop incoming product. Their OVAs could no longer sign those certificates but obviously, there was product that had already been certified on its way before confirmation happened. That was what the Port Health Authorities took manual action to stop.

Q123 **Chair:** We will come back to this question about the updating of IPAFFS in a second, but the next question we asked the Minister was, "What steps have you taken to track and remove prohibited products, and what assessment have you made of the potential risk of these products to the UK?" Are you able to offer us anything on that?

**Dr Middlemiss:** I know that APHA colleagues with the Food Standards Agency and local authorities were looking at products that had come in. I do not have further detail on that other than a live animal commodity that had transited Germany once and came into us, which we assessed and decided was very low risk. Given the circumstances it moved and the premises it went to could continue to be within the country.

Q124 **Chair:** Jenny, are you able to add anything on that?

**Dr Stewart:** No.

Q125 **Chair:** The third question we asked was, "What assessment have you made of the cause of the delayed controls being properly implemented?" We have not had any direct answer to that.

**Dr Middlemiss:** I know the Port Health Authorities were asked to do that late on the Friday afternoon of the confirmation, and further information went out to them even later that evening, so they were taking manual actions at BCPs to hold products. I know from speaking to a Port Health Authority vet on Saturday when she had an issue emerging that they were indeed holding commodities at the BCP at that point. Our discussion was around how long they had the capacity to hold. Over the subsequent week we came to an agreement that where commodities were held they could either be re-exported to the country of origin or destroyed.

Q126 **Chair:** At what point was IPAFFS control of the risk engine for all commodities from Germany set to 100% inspection? Was it set on 10 January or was it, as we have heard from others, on 16 January?

**Dr Middlemiss:** I am sorry, I cannot confirm a date. I do not have the information to provide that from other colleagues.



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Q127 **Chair:** You cannot tell us whether or not IPAFFS was updated?

**Dr Middlemiss:** No.

Q128 **Chair:** That would be quite important information for the Committee to have.

**Dr Middlemiss:** My concern was around actually having the products held, which I had confirmation was happening. Products were being held; they were checking all incoming CHEDs—the pre notification system that the commodities come with—and products from Germany were being manually checked and held.

There was one slight difference we should note: commodities that were suitably heat treated could still come into the country because we were confident, and it had been certified by OVs in Germany, that they had appropriate treatment to be safe.

Q129 **Chair:** Which products would be heat-treated?

**Dr Middlemiss:** There were highly processed dairy products, for example, which had been heat treated.

Q130 **Chair:** We heard evidence about whey, for example, being found in Birmingham.

**Dr Middlemiss:** I suspect whey is not suitably highly processed and treated, but I do not have that absolute technical information. I am thinking of condensed milk and things like that.

Q131 **Chair:** This is important because the letter that has come to us from the Minister—you will recognise much of the language in it from a DEFRA press release dated 13 February—refers to inaccurate reporting on foot and mouth disease controls. Now, the question of when IPAFFS was updated is central to that. We also need to be able to check the evidence that we are provided with, so if you could revert to us in relation to that, it would be enormously helpful.

**Dr Middlemiss:** Yes.

Q132 **Chair:** In summary then, what lessons do you think you have learned from this incident?

**Dr Middlemiss:** For me, it would be to have a team 24-7, 365 that can make those activations through all systems as soon as I say they need to be activated. And to be less reliant on manual interventions and individual actions.

Q133 **Chair:** The panel before yourselves heard evidence that, in fact, there were what should be controlled products still coming in from Germany as recently as last week or the week before. Are you aware of these reports?

**Dr Middlemiss:** No. They have not been shared with me and it would be helpful if they had.





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**Chair:** I am not able to give you any specifications but in the event that we obtain them I will contact you further. Thank you very much for the moment. We will move on to the issue of illegal meat smuggling, and Sarah, you are going to lead the questioning on that.

Q134 **Sarah Dyke:** Christine, significant amounts of illegal meat are entering the UK despite Border Force's 24-7 presence at the border. We have heard this morning that 200 tonnes of threshold have now been confiscated by Dover. How can we strengthen our border controls to reduce the risk to public health and prevent diseases like African swine fever entering the UK?

**Dr Middlemiss:** There are a number of different actions we can take. One is working with the country of origin, making sure it has the right information to know that this is happening and ensuring that the product does not leave its territory. It is important to educate travellers; some behaviour is deliberate, some is unintentional. For example, students coming to airports are potentially not aware of the requirements, so there is a communication space. Then there are controls at ports and airports.

Border Force runs a risk approach and has people who are co-trained with dogs to look for various different illegal commodities, for instance drugs, firearms and so on, as well as products of animal origin. Our risk does not rate in their top ranking and they often find our illegal products when they are looking for other things so it would be helpful to have greater recognition of the risk that illegal meat can drive, more dogs trained up to look for it and again to make sure that, as far as possible, there is ongoing 24-7 cover.

The other option is to reduce the market for this product. Some markets are cultural while others are deliberately fraudulent and money making.

Q135 **Sarah Dyke:** Do you think the 2 kg threshold for personal use is confusing and difficult to enforce, and that perhaps we should look at a zero tolerance scheme instead?

**Dr Middlemiss:** Certainly, from a risk perspective, if you have zero tolerance then you are minimising your risk, whereas with 2 kg, even if it is commercially packaged and has been through the right controls, you still have to make that assurance. So yes, communicating and implementing the controls and running them would be clearer for people if the message was no meat at all.

But equally, I get that people travel back on the ferry with their sandwiches and those may have ham or cheese in them, so the question is how you allow for things like that.

Q136 **Sarah Dyke:** You mentioned some areas we could work on to help prevent diseases coming into the country. Do you think Border Force should interact better with our European neighbours to tackle the flow of illegal meat products?



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**Dr Middlemiss:** I do not know who its immediate opposite number would be. Certainly, we interact through our technical channels and through the other competent authorities, so I will quite often write to the other chief veterinary officers from countries where these products originate to advise them of what we have found. I could not really comment on Border Force interactions, other than that some is deliberate fraud and may be linked to broader criminal networks, which I am sure other Government agencies are aware of and work on, but not myself.

Q137 **Sarah Dyke:** Thinking about a strategy to tackle the issue across government, with both port health authorities and local authorities, what do you think the strategy could look like?

**Dr Middlemiss:** Our enforcement is in animal health and welfare and our product is split across a number of agencies. Inevitably, that can create different priorities and different messaging. One approach would be to bring enforcement activities and the implementation of border controls all together in one place and under direct oversight from those who are responsible for the policy.

Q138 **Sarah Dyke:** I note the Secretary of State is working with the Home Office on plans to seize and destroy vehicles used to smuggle meat. Do you think that alone will solve the problem?

**Dr Middlemiss:** We know visual deterrents like that always get shared widely and are helpful but no, it is not going to be the only thing that does it. As I said, it is about understanding the drivers: some are cultural, so there is a communication and understanding of those, some are deliberate and may be related to gangs and criminal activity, where other Departments that have knowledge about those matters can work with us to resolve the issues.

Q139 **Sarah Dyke:** Do you think the legal deterrents that are in place at the moment are currently strong enough to deter illegal meat imports?

**Dr Middlemiss:** It is not just about the deterrents; it is the enforcement activity that enacts the deterrents. I am not aware that anyone has yet been fined or jailed as a result of activity. Whether it is doing something with vehicles or having an enforcement system that does what it says on the tin, either of those would be helpful.

Q140 **Sarah Dyke:** Finally, what role do the Port Health Authorities play in intercepting non-compliant products of animal origin and deterring smugglers? And how could this be bolstered, given the issues that we have with the amount of meat that is now being imported into the country?

**Dr Middlemiss:** Port Health Authorities are our eyes, ears and checkers. They are the competent authority at the border. They have a huge amount of intelligence as to what is happening, both in what is compliant, and in understanding what is not compliant and what is going on. As I said, that is split across agencies. I know they work closely together but



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that intelligence has to be shared. It is quite a fragmented landscape. Jenny has colleagues in compliance that work at the border and oversee this so she may have something else to add.

Q141 **Sarah Dyke:** Thank you. Jenny, over to you. Is there anything you want to add?

**Dr Stewart:** What Christine has said is absolutely true. We have a multi-agency, multi-layered approach at the border, and the more that we can do to knit those multi-agency, multi-approaches together into a consistent and effective system, the better our outcomes will be.

Q142 **Jayne Kirkham:** We understood from earlier evidence that the Port Health Authorities at the border has been physically making those border checks, but it is only there for a few hours a day. The border control police has been there all the time, but of course it has a whole array of things that it needs to check for. Do you think that the Port Health Authorities should maybe have a bigger role physically, be there more?

**Dr Middlemiss:** Absolutely. Food animals can move 24/7 as long as there are ferries and airlines moving. I strongly believe that as long as the movements are going on, we need to have people there to police them.

**Chair:** Moving on then, we have some questions relating to the workforce challenges. Henry, you are going to lead our questioning here.

Q143 **Henry Tufnell:** When the Committee visited Weybridge, Jenny, we talked with your union reps. We heard from the earlier panel about the challenges around retention, recruitment and, therefore, shortages in the sector. To both of you: how are you addressing these workforce challenges, and how are they affecting our ability to respond to animal diseases?

**Dr Stewart:** Thank you. Christine will lead on her own profession, the vet profession, which is a really important part of our workforce. Obviously, we have a very skilled and talented workforce that includes a number of different professions alongside vet professionals: scientists, engineers, epidemiologists, numerate scientists, and all our people who are actively out at the field overseas, or in fact in country. So, we have a very complex workforce, a very highly skilled workforce. In APHA, we are very focused on what our succession planning is alongside our recruitment and retention processes that we have in place.

We have concerns, and they are concerns shared across the sector in science, engineering and technology in that there are multiple employers who all fish from the same group of highly talented individuals. Therefore, the sorts of things that we are doing are around bringing people in at career beginning, career middle and career end in order that we keep a really vibrant community across all those professions, all the way from apprenticeships and bringing people in early career and training them up in the organisation, and equally bringing in eminent scientists



who may be towards the height of their professionalism and expertise in the science area.

One of the things I am really keen on is a whole sector approach. I speak with others across Government, particularly in DSIT and other Government Departments, who share similar skills and problems about what is the strategic solution here for the UK in terms of the pipeline of talent into those really high-end, impactful careers and professions that we have for people. We obviously have a set of interventions that we are making in the near term, the medium term and into the future to secure that set of people who will be working with us in five, 10 and 15 years.

Q144 **Henry Tufnell:** Can you just give a brief outline about what those interventions were? I remember talking to some of your union reps and they mentioned about a ceiling. There was an element that that would mean they would leave because there was that ceiling in terms of the progression. They felt there was not progression.

**Dr Stewart:** Like with most professions, there is a pyramid structure in most organisations where opportunities will, at some point, complete. We will only have one Chief Scientific Adviser; we will only have one Chief Veterinary Officer. One of the things that we are really focused on though is giving people rich and varied careers that mean that they can move across profession as well as up through the pay scales.

I would be remiss if I did not accept and admit that we have problems that are derived from our pay scales. It is more around our pay scales rather than the ability for people to have a rich and challenging career that often is the problem that we are facing. People are increasingly, and I understand why, considering pay scales to mean career progression where actually career progression is a whole host of other things that we can offer to people. So there absolutely is an element of that in what we see. We track monthly because what is happening in our turnover, our retention and how effective we are being at recruiting, particularly into those skills, is of that much importance.

Q145 **Henry Tufnell:** Christine, you have been very vocal. Last year, you told the EFRA Committee—this former Committee—that the veterinary workforce shortage was around 11% or more. Could you also elaborate on the questions I asked Jenny around those challenges you are facing and how they affect our ability to respond to diseases?

**Dr Middlemiss:** We have an overall veterinary shortage. I do not have the figures but there feels a slight overall lessening of concern talking to RCVS and BVA, but it is still very clear that in some areas there is a lot of pressure. Government work and food standards would be one but also access to veterinary services in rural areas remains an ongoing issue. The escalation of vets in practice salaries, which has been driven partly by the shortage and different types of working and things, has made it harder for the Government to attract or retain vets. Inevitably, they ultimately see their peers getting paid more money for the stage of experience and



life they are at, which draws people away. So, I would concur with Jenny in terms of the aspects that are part of the government pay structuring, which is quite generic and does not help support so much in terms of the professions and recognising how we can maintain a healthy workforce within government.

However, there are actions we have taken within what is allowed. There is an uplift for new vets coming into APHA and there is a further allowance on achievement of certain training objectives over and above the standard pay scale. But ultimately, we often get to a place where salaries elsewhere have increased to fairly significant levels quite quickly outwith government, and the balance becomes that people want to move.

Q146 **Henry Tufnell:** Christine, the salaries aside, do you think there is a broader problem with recruitment and retention, just because the numbers seem quite startling?

**Dr Middlemiss:** In the profession or in government?

**Henry Tufnell:** In the Royal College of Veterinary Surgeons, 45% of leavers had been in the profession for four years or less. Then, in terms of the registrations from the European Union, in 2016 you had over 50% of annual registrations from the EU and less than 50% coming from UK veterinary schools. Are those figures that you recognise?

**Dr Middlemiss:** Yes. Our retention levels as a profession remain poor, and it is particularly concerning that young vets not long after graduation find it is not a career that they want to be part of. It is very difficult to get under those figures to understand why they are leaving. People stop their membership with the Royal College and then it is difficult to keep contact with them. But it is something we are looking at jointly with RCVS and BVA, and we very much welcome the RCVS workforce planning work that it has been doing that is helping to put some more data and understanding around those figures.

In terms of vet schools, the number of graduates overall has increased greatly in the last number of years, but you will be aware that many of those are overseas graduates, not UK-origin graduates. For various reasons they are attracted to go back and work in their country of origin, so we do not retain them. A pipeline that was very welcome in the profession which brought in vets, particularly from the EU, is more difficult now given the visa situation and so on. We were a very attractive country in terms of salaries and the type of work for EU graduates.

Q147 **Henry Tufnell:** You mentioned the education point. I was wondering what the potential closure of the Cambridge Vet School tells us about the state of veterinary education in the UK.

**Dr Middlemiss:** I would be wary of inferring what is going on at Cambridge is applying across the board to all vet schools. We have had a number of new vet schools come on stream recently. Other vet schools go through their regular RCVS audit and it has not been identified as a



problem. But we know from ongoing higher education pressures that vet schools are expensive places to run, and it is obviously something that those running universities continue to look at. The RCVS action and ongoing communication with Cambridge is between them, but I know Cambridge University are taking it very seriously in terms of how it will respond.

**Q148 Henry Tufnell:** We have talked about the problems with recruitment, but you do not view a vet school potentially closing as a significant issue in terms of trying to meet the challenges that the profession faces at the moment.

**Dr Middlemiss:** It is really difficult to understand and balance given the new vet schools coming on stream at the same time. We have Harper and Keele, we have one in Lancashire coming on, Aberystwyth is doing work, SRUC in Scotland, and understanding not just the total of how many are graduating but how many are graduating from our UK vet schools and then working in the UK profession is quite difficult to tease out. So, I do not have a feel for what the impact of the actual numbers will be from Cambridge, but hopefully it will not become an issue if they undertake the actions required.

**Q149 Henry Tufnell:** I am conscious of time but I just want to touch on the Veterinary Surgeons Act 1966 before I go back to the Chair. We heard from Sarah Tomlinson earlier around TB testing: the pressure on vets to conduct TB testing and the discrepancy between time spent on it and income made. What are your thoughts in terms of the benefit a new Veterinary Surgeons Act would have for the public sector and farmers, and what progress is being made towards one?

**Dr Middlemiss:** Current Ministers and DEFRA are very supportive of a new Veterinary Surgeons Act coming into being, and we are working closely with RCVS and BVA to format what a new Veterinary Surgeons Act would look like. There are a number of sprints happening at the moment to look in depth at what might be in it to then put forward a proposal for new legislation. So, across the profession there is support for this and as I say current Ministers are very supportive of it happening as well. Hopefully other colleagues in Parliament will pick up and support it when a bid is made.

As you know, our Veterinary Surgeons Act is very old: 1966. It is about regulating individual vets; it makes little allowance for others who are trained and experienced and regulated to contribute, or not regulated at the moment, to contribute to the profession. I am a big supporter of vet-led teams that can support TB testing. We have had a good experience with lay testers being able to boost the numbers of testers but also continue to build relationships with farmers through the stressful time that they have with TB. A new Veterinary Surgeons Act would indeed be really helpful on many disease control and animal health and welfare fronts.



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Q150 **Chair:** Henry, thank you very much. Jenny, to come back to the questions I was asking Christine earlier, your staff are obviously at the front line of border control. Can you tell us anything that you are aware of from that in relation to the prevalence of illegal meat imports finding their way at this point, from 10 January to 16 January, into the UK?

**Dr Stewart:** My staff are working on rest of world and live animal imports at this point in time. We have not initiated the live animal checks for Europe yet. That is yet to come live on the border operating model. We are there ostensibly to check the commercial legal imports at border, so I do not have anything else around the factual changes that happened in relation to foot and mouth. We would be checking those commercial imports.

Q151 **Chair:** Subsequent to the evidence we had in February and subsequent to the DEFRA press release that I referenced earlier, we have had supplementary evidence, which is published by the Committee today, from Helen Buckingham around this point at which IPAFFS was updated. The relevant parts would be that on 15 January, at around 4 pm—it does get to be this detailed—the Association of Port Health Authorities meeting was attended by Port Health Authorities and representatives from the Department. The Port Health Authorities raised concerns around loads that had entered Great Britain, bypassed the port and gone straight inland. DEFRA confirmed that it was aware of situations where this had happened. Are either of you aware of this awareness?

**Dr Stewart:** No.

**Dr Middlemiss:** No.

Q152 **Chair:** No. Then on 16 January, the email came from the Port Health Authority engagement team confirming that changes had been successfully loaded into IPAFFS for 100% inspection rate on relevant commodities. That would support the suggestion that I put to you earlier, Christine, that IPAFFS was not updated until the 16th, would it not? You were not aware of that.

**Dr Middlemiss:** Yes. I do not have the specific date that the IT system was updated. I know that Port Health Authorities were told to take action on Friday the 10th and were doing manual interventions to make that happen. But for certainty, I will get the information and confirm to you when the IPAFFS changes were made.

Q153 **Chair:** Tell me here if I am chasing something that is not relevant, but it seems to me that IPAFFS and the point at which it is updated is absolutely critical, whether people then self-certify correctly or not. Yes?

**Dr Middlemiss:** The hold by the self-certification—

Q154 **Chair:** The point at which IPAFFS is updated is critical to what is then called for inspection, or whatever other procedure they are expected to follow, is it not?



**Dr Middlemiss:** Yes, but it can be overridden by manual holds.

Q155 **Chair:** Does it often get overridden?

**Dr Middlemiss:** The foot and mouth disease action was one and then we have done similar with PPR, peste des petits ruminants, and some dairy products where we put in a safeguard—manual holds—from affected countries in the east of the EU and then the IT system was updated.

**Chair:** I do not want to dwell too long on this because we are under pressure of time. I have some questions now relating to avian influenza and bluetongue.

Q156 **Jayne Kirkham:** Just very quickly, what is the status of avian flu in the UK?

**Dr Middlemiss:** We continue to have ongoing outbreaks, mostly of H5N1, which was the strain that we had that gave us the large number from 2021 through to 2023. It remains in wild birds, and to date we have only 40 outbreaks across GB. One was H5N5; the remaining are H5N1, one is in Scotland, and the remainder is in England, primarily in our poultry-dense populated areas.

Q157 **Jayne Kirkham:** Thank you very much. We had some figures given to us from the BBC from DEFRA, which said, “Over 1.78 million birds have been culled since 5 November 2024.” How frequently do you publish data about the number of birds being culled as a result of avian flu?

**Dr Middlemiss:** APHA maintains an ongoing real-time database on how many birds are culled. I do not know how frequently we publish it, but we maintain an ongoing running record, as does Jenny in the contingency planning division of the number of birds and farms.

Q158 **Jayne Kirkham:** So you could say at any one time, but do you know how frequently that is published?

**Dr Stewart:** If you mean published into the public domain, I do not know. The data that I have is updated formally weekly. Unfortunately, it is on a Tuesday, so my next lot of formal data from my teams will be this afternoon.

Q159 **Jayne Kirkham:** If it turns out that it is not published frequently, would you commit to publishing it more frequently so people can have access to that data?

**Dr Stewart:** I would.

Q160 **Jayne Kirkham:** Thank you. Out of those 1.78 million birds, do you have any idea for how many of those compensation had been paid? Would those be figures that you would be able to work out?

**Dr Stewart:** That is one of the stats that we publish weekly. As I say, I am a week out of date. We have published the total compensation paid out to date which last week was £6.7 million. We have estimated that we





will be spending considerably less than in the larger outbreak that we had in 2023-24.

Q161 **Jayne Kirkham:** Sorry to interrupt, you said the amount there, but how many birds would that equate to out of the £1.78 million?

**Dr Stewart:** I would have to do the sums, but I can tell you that we have done 38 valuations and paid 24 of those. The compensation is of course by IP, so we have had 40-plus IPs. The reason that I would need to do the sums is that an infected premises can be a backyard flock of five birds all the way up to 1.4 million birds, which was our largest premise this year. But yes, we have all that underlying data and statistics.

Q162 **Jayne Kirkham:** It was raised with me when I spoke at a food and farming conference last week in Cornwall that there has been concern that DEFRA only pays compensation for healthy birds. Sometimes, I think, it is paid at the point of cull, and there has been concern about when the cull is delayed. Could you explain what you are doing to mitigate those concerns about the compensation?

**Dr Stewart:** Christine, do you want to take that one?

**Dr Middlemiss:** Yes. Before the big outbreak began in 2021, it was true that we only paid compensation for healthy birds at the time of culling; it was that number of birds and that is where they were valued. Obviously, with the huge pressure we had in the big outbreak, that did not work for industry and it came to a point where we changed it. We now pay for the number of healthy birds 48 hours after I confirm and sign off on the disease and that the bird should be culled on that premise.

Q163 **Jayne Kirkham:** If it is 48 hours after you confirm the sign-off, how long can there be between the reporting of the issue on a farm and the sign-off?

**Dr Middlemiss:** If they report in the morning, there will be vets there that day and samples to lab overnight. I will confirm the following day and sign off on culling then it would be 48 hours after that.

Q164 **Jayne Kirkham:** So, it could be three days from reporting. Is that standard, or is there delay? Is it common to have delays?

**Dr Middlemiss:** That is reasonably standard. It really varies on when they report. If they report into an evening—particularly in the winter and it is dark—it is likely we would not visit until the next day; they will be put under restriction, then samples will be taken. Testing is a scientific process. Sometimes we have to do two runs because one batch may not work, which could add a few hours on. Confirmation: the test results are usually very clear, so taking them into account with the clinical picture, my decision-making is usually reasonably straightforward, and then we sign off the paperwork. There are hours variations here and there but not days.



Q165 **Jayne Kirkham:** What is the rationale behind waiting for 48 hours?

**Dr Middlemiss:** To try to encourage improvements in biosecurity. The whole rationale for compensation is early reporting. The earlier people report they think that something is going on in their flock, the sooner we can get out there. That is the basis of the ongoing requirement to report. The sooner we get out there and confirm disease, then the more healthy birds there should be and the more compensation people will get.

Q166 **Jayne Kirkham:** We took some evidence earlier about a control strategy for avian flu. We heard that the strategy needs updating, and we may need a new approach to vaccination. What progress has been made by the avian flu vaccination taskforce, and do you agree that we need a new approach?

**Dr Middlemiss:** We know a lot more about vaccination now. Vaccination is a good thing in our disease control principles so it should be considered for avian influenza. You need a vaccine that is going to be effective though, which has been one of the questions that we have been looking at, much like in the human vaccine where every year it is looked at what strains should be effective. We need to do the same for bird flu. Avian flu strains change as well, and you need to have manufacturers prepared to produce that vaccine.

It is really important in our world that vaccination does not mask infection. Yes, you want it to be really effective, but you still need to do testing to assure yourself that although you might have suppressed the clinical signs on a vaccinated farm, you are not missing disease. We do not want to miss disease and it move to other birds and the virus changes and becomes more infectious to other birds, or indeed to mammals or people. The cost of that surveillance is large. These are the questions that we have been working through with industry. We set up an avian influenza vaccination task force jointly chaired between Government and industry to look at these things. They are publishing an interim statement very shortly and then we will publish the full report.

Q167 **Jayne Kirkham:** We are running out of time; very quickly, what assessment have you made of the potential cost to poultry farmers and the impact on trade as a result of avian flu vaccinations, or will that come in the interim report of the taskforce?

**Dr Middlemiss:** Yes, that is the absolute power of the taskforce.

**Chair:** Jenny, you want to pick up some stuff from bluetongue.

Q168 **Jenny Riddell-Carpenter:** Yes, thank you. I am conscious of time so I will encourage you both to keep the answers short if you are able to. Bluetongue is a huge issue in my constituency of Suffolk Coastal. We were pretty much at the epicentre of the most recent late summer outbreak. What lessons have been learned? Christine, can I start with you?



**Dr Middlemiss:** That is a good question. Looking at lessons, bluetongue is still a notifiable disease for us, and we are obliged to take Government action. The EU has made it not notifiable and then a choice is made whether Government take action or not. It is a vector-borne disease; it spreads by midges. We cannot control all the infections, so the real question is that balance between the impact of Government intervention, the effectiveness on disease control, and what costs that is having on farmers. Vaccination will help in terms of control. There are three vaccines that the Secretary of State permitted to be used, but it is difficult. One lesson is how we get new vaccines on the table more quickly. That is about the global vaccine supply chain and is one of the things being discussed at the meeting I am at.

Q169 **Jenny Riddell-Carpenter:** Jenny, is there anything to add on that?

**Dr Stewart:** From an operational perspective, we are always learning the lessons when we are responding to different types of outbreak. As Christine says, bluetongue is a vector-borne disease. In much the same way avian influenza is for birds, for bluetongue it is midges. One of the things that we are always learning about is communication with farmers and the sector. We held a roundtable earlier in the year—both Christine and I were at that—which was about the decision making around what we do with bluetongue for the future and in the medium and the longer term. For me, the lessons that we are learning are around the degree to which the interventions that we have made in the last 12 months have impacted on industry: both the balance between the constraints that happen because of control zones but also the protection that we have been able to afford some more westerly counties, and where does that go as we go through the next 12 to 18 months given that we know there will be a degree to which we cannot prevent the spread of that.

Q170 **Jenny Riddell-Carpenter:** You touched on a point that I wanted to raise, which is the control zones. I met with a number of farmers in the constituency who were affected during that time. There is real criticism and concern around the control zones and how effective they are given the nature of the spread of the disease. Could you comment on that?

Secondly, the lack of vets to carry out testing meant that there was an issue locally to be able to access it. Could you comment on that as well?

**Dr Stewart:** On control zones, I will let Christine speak as well. Obviously, we enact what we are there to enact and so that is where our concentration is. Then, we are there to facilitate as the agency movements within and beyond those control zones using our licensing regime while at the same time performing the surveillance.

**Dr Middlemiss:** When we first discovered bluetongue—Suffolk was one of our early counties back in November 2023—we put in really tight control zones. They were quite small but the restrictions in them were very heavy, which was to reduce the chance of the virus overwintering. We were worried that a warm spring would mean we would get disease in



May and then it would spread rapidly across the rest of the country. As it was, we did not detect disease again until the end of August. We had much bigger restrictions on trying to get that balance between stopping it spreading further west to the very dense livestock areas versus making the controls in the zone lighter. It is a difficult balance; it depends on what sector you are in. We worked really hard with all sectors to try to get the balance right of slowing it down, which we have done, but inevitably infected midges will get ahead of any zones.

**Q171 Jenny Riddell-Carpenter:** Final question: how successful has the vaccine been and what is the likely timescale for roll-out?

**Dr Middlemiss:** There has not been a huge uptake of the vaccine for various different reasons. It is partly because we have not had the level of clinical impact that they had in the Netherlands. We have not seen a large number of deaths. There have been some, but not in the thousands as was seen on the continent. The vaccines are permitted, but they are not fully authorised, and it is individual farmers, with their vet's advice, who are making decisions about whether to use it. There is some nervousness on using it, but we have much more confidence from the Dutch experience. There are varying reports of how efficacious different vaccines are. We welcome the vaccine companies putting forward a dossier to get full authorisation for the vaccine.

**Chair:** Thank you, Jenny. We are running a bit over time, but we still need a few questions on the bovine TB strategy, so if you can stick with us, please. Henry, can I ask you to lead off the questioning?

**Q172 Henry Tufnell:** This is to both of you: how are you improving farmers' confidence in the Government's new strategy for eradicating bovine TB? The context of this is wide, but we have also heard this morning from a panel who talked very emotionally about the impact on the industry and on farmers, so if we could just start off with that question that would be very helpful.

**Dr Middlemiss:** The strategy refresh is being led by the policy team. It is being done as a co-design with a small group that came from our original TB partnership group. Through that, all the proposed approaches will be tested. Sir Charles Godfray, who led the TB review, which, I think, was published in 2019, is being consulted again to provide an update on any new evidence. So, both that co-design and his evidence will dictate a lot of the strategy refresh.

**Q173 Henry Tufnell:** Before I move to Jenny, we have heard a lot about the New Zealand model this morning and the partnership between primary industries and Government. I wonder, what are your thoughts on that, particularly on the point about improving farmers' confidence?

**Dr Middlemiss:** Personally, I am really supportive of partnership working and involving private vets as well. It has to be done with people, not to people, to understand why we need to do it. For our national herd health, it is important to combat TB and to take epidemiologically tailored



approaches, which I am really supportive of, at farm level and regional level, not just broad-area approaches. I am very supportive of a combined partnership.

Q174 **Henry Tufnell:** Would anybody like to speak about the farmers' confidence in the Government's new strategy? Where are you in terms of improving that confidence?

**Dr Stewart:** As Christine says, the co-design of the new vaccine strategy is sitting with our policy colleagues at the moment. Obviously, our experts from APHA play into that conversation alongside Christine and other colleagues. Our input into that from a strategy perspective is some science and research that we do on vaccines—which we are developing at the moment for TB—but also the work that we do around controlling TB in badger populations from a scientific perspective as well as from an epidemiological perspective.

Q175 **Henry Tufnell:** What is the progress in terms of the developing of the cattle vaccine and the vaccination strategy?

**Dr Stewart:** We have just entered into the next set of field trials for that so obviously, the importance here is that we understand how the vaccine and the skin test to detect the vaccine is operating. As Christine alluded to earlier, one of the things that we need to be really clear about is when is an animal showing a reaction because they have a disease versus because they have been vaccinated against the disease. You need both those parts of the puzzle before you can use the vaccine effectively and efficiently and continue to trade internationally because you have that proof. So, the next set of field trials is under way, and we are working across a wider project alongside our partners in the Veterinary Medicines Directorate around licensing as we get to that in later years.

Q176 **Henry Tufnell:** Christine, I do not want to labour the point too much, but in the recommendations of the Farming Community Network's bovine TB report, I was struck by the executive summary which talks about authoritarian interference and the progress towards control as both confusing and unreliable. I wonder what your response was to that report and those recommendations.

**Dr Middlemiss:** As I said, I am really supportive of more regional and farm-level approaches. You make legislation at national level, which is a blunt tool. If we make it too prescriptive and interpret it prescriptively, then it feels very authoritarian to farmers when it is done on their individual farms, and they feel like they have little control over the actions they take and wonder if it will make a difference. I am a strong supporter of using the epidemiological evidence to tailor approaches on farms. You have to do it on an epidemiological basis with the evidence; otherwise, you will not get the right approach. The things that the epidemiology will tell the farmers that they need to do will be difficult for them, so we need to work with them about the impact on their business. But we have gone from an approach where we have had the high-risk



areas, the edge area, and the low-risk area, which has done its job. It has taken the level of disease in the high-risk area down but now is the time for a more tailored, local-level approach.

Q177 **Henry Tufnell:** Finally, it would be very helpful if you could speak about how you are working with the devolved Administrations.

**Dr Middlemiss:** Unsurprisingly we work really closely with the devolved Administrations and that is genuinely true. The Chief Veterinary Officers meet monthly. Formally, we are in contact very regularly when we are going through an HP outbreak. We are pretty much in contact several times a day because we recognise that livestock moves across GB; there are no controls. Disease does not respect borders and so we need to work together. Inevitably, because we know politicians can take different decisions, the policy is devolved. The important bit is the evidence and science base that we are using. The fact that APHA is a GB agency is really strong and important in keeping us together because the science and evidence base is the same. As Chief Veterinary Officers, we work from the science and evidence base and give our advice in that context.

Q178 **Charlie Dewhirst:** Chair, I will try to distil everything into one question. I just want to bring a few strands together in disease readiness, disease preparedness. We have heard about the stresses on APHA's resources today and across the board. While I accept you are not going to have a standing army ready for the very worst-case scenario, what are you doing to run through those scenarios and ensuring you are working with other authorities and other agencies so if the real worst-case scenario—foot and mouth and ASF for example—were to arrive in the UK, we are as best prepared as we can be?

**Dr Stewart:** From an operational standpoint, we are involved in cross-government exercises. There is one coming up later in the year in which we are involved with the UK Health Security Agency, for example. But internally, across the DEFRA family—I will call it that—so DEFRA core and all the arm's length bodies, we regularly review our preparedness and our plans. We have specifically taken some actions off the back of the recent findings that we have had with bluetongue, avian influenza, the foot and mouth case in Germany, and more recently reported cases in the UK. So, we are constantly looking at keeping our plans up to date and current for all contingencies.

We are undertaking a particularly focused piece of work over the next six to eight weeks that will set us up for what we might do into the next financial year and into the multi-year spending round that might give us better preparedness for the eventualities that we might face. Christine might want to speak to this; we are constantly looking at the threat and the risk that we are facing coming in from our surveillance networks, from our partners overseas, and for the work that we do overseas at the border and in country. That is not to say that we are ever complacent; we are not. We have resource limitations and therefore we are constantly looking at how we cross-train and who else might be able to lean in in



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those really big emergencies, whether that is other parts of the DEFRA group or other Government Departments and what we might need to do for that to be ready.

Q179 **Charlie Dewhirst:** Christine, do you have anything else to add to that?

**Dr Middlemiss:** Just to note our international engagement. We have an agreement with the Quads countries I referred to and with Ireland, for example, where we can turn on resource support and real-life or virtual support in an outbreak. Did we use that in the HPAI? We had some Irish vets and techs who came over to support us when their AI outbreak was really large, and we used some virtual support from epidemiologists in Australia. So, we do look at where there are other experts available. Their thinking helps us, and our experience can help their training.

**Charlie Dewhirst:** Thank you. I could carry on all afternoon, Chair, but I will not.

**Chair:** We have lost a few to Chamber business having got one back from business elsewhere in the House. I am grateful to you for that, Charlie. That concludes the questions that we have for you today. Christine and Jenny, I thank you both, not just for your attendance and your engagement with the Committee but genuinely for the very important work that you both do in maintaining the animal health and plant health in this country. We are not very good at saying thank you; we only ask snippy, difficult questions, but we appreciate the work you do day-to-day. Thank you.