



Northern Ireland Scrutiny Committee

Corrected oral evidence: Veterinary medicines and the Windsor Framework: Follow-up

Wednesday 12 November 2025

11 am

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Members present: Lord Carlile of Berriew (The Chair); Lord Dodds of Duncairn; Lord Empey; Baroness Foster of Aghadrumsee; Baroness Goudie; Baroness O'Loan; Baroness Ritchie of Downpatrick; Lord Thomas of Gresford; Lord Willis of Knaresborough.

Evidence Session No. 1

Heard in Public

Questions 1 - 15

Witnesses

I: Mark Little, Northern Ireland Branch Honorary Secretary, British Veterinary Association; Kirsten Dunbar, Northern Ireland Branch President, British Veterinary Association; Bryan Lovegrove, Secretary General, Animal Health Distributors Association; Alexander Kinnear, Parliamentary Officer, Ulster Farmers' Union.

Examination of witnesses

Mark Little, Kirsten Dunbar, Bryan Lovegrove and Alexander Kinnear.

Q1 **The Chair:** Good morning and welcome to this public meeting of the Northern Ireland Scrutiny Committee. We are today holding a non-inquiry public evidence session on the issue of veterinary medicines and the Windsor Framework. We are joined by four industry experts: Alexander Kinnear, the parliamentary officer of the Ulster Farmers' Union; Bryan Lovegrove, the secretary general of the Animal Health Distributors Association; Kirsten Dunbar, the Northern Ireland branch president of the British Veterinary Association, the BVA; and Mark Little, the Northern Ireland branch honorary secretary of the British Veterinary Association. You are all very welcome to the committee and we very much look forward to your evidence on an issue that we have considered in some detail and fairly repeatedly.

We would be grateful if you would introduce yourself briefly the first time you speak. Today's meeting is being broadcast and a verbatim transcript will be taken for subsequent publication, which will be sent to witnesses to check for accuracy. I refer to the list of members' interests published on the committee's website. I should say that if you want to see what has happened today when you go home, it is not only going to be in *Hansard* but it will be immediately available on parliamentlive.tv.

We will move into the questions. I will ask the first question and it is a very straightforward one. Please could you update us on the latest situation on the supply and availability of veterinary medicines in Northern Ireland? Who is going to start? Would you like to start, Dr Dunbar?

Kirsten Dunbar: Yes. I am president of the BVA Northern Ireland branch. We are currently remaining in the grace period, and supply and availability of veterinary medicines is currently stable. However, from 1 January the grace period will end and we will be required to apply EU veterinary medicine rules in full. We have been working for a number of years on this issue, with disappointing results.

We welcome the work of the Veterinary Medicine Working Group, led by Baroness Hayman, and Defra and the VMD with the pharmaceutical companies on rerouting of veterinary medicines and products and new marketing authorisations to cover Northern Ireland. There is also the development of the two new schemes intended to support continued access where there is no equivalent EU or Northern Ireland authorised product available—the Veterinary Medicines Internal Market Scheme and the Veterinary Medicines Health Situation Scheme.

However, for us the situation is still uncertain and the impact will depend on which and how many products are ultimately discontinued. Recent communications have been received from three pharmaceutical companies, two of whom have listed a number of discontinued products and, as importantly, a number of pack sizes. That suggests that the

number of products affected may be higher than initially assumed. Many manufacturers are still finalising their decisions and may or may not communicate those in advance of 1 January. Just because there is a market authorisation does not mean that the product will necessarily be supplied to Northern Ireland. As a result, while supply is currently stable and we are in a much better place than we were a year ago, confidence varies. Compounding this is that front-line practices have not received the detailed Northern Ireland-specific operational guidance that we need to use these schemes consistently and with confidence in day-to-day clinical work once the grace period ends.

The Chair: In general terms, can you give us an indication of the illnesses or conditions that you fear that medicines may not be readily available for?

Kirsten Dunbar: The problem is that a lot of this is commercial in confidence. We have a list of about 20 medicines that may be discontinued that could be critical but we do not know what those are. We have discontinued products, and I think a lot of it is around pack sizes as well—large pack sizes and small pack sizes, and the risk that people will stop using vaccines because they have to buy too big a pack size and they think they will get away with it. Normal diseases that you would vaccinate for, or wormers and ticks, you would find perhaps only in large pack sizes when you want a smaller pack size. They will continue to use it, so building resistance.

The Chair: Does this relate to large animals and small animals?

Kirsten Dunbar: It relates to large animals, I think. In small animals the main issue is around accessing medicines on prescription because all of the UK online pharmacies are based in GB and will no longer be able to fulfil those prescriptions to Northern Ireland. It is more expensive to get it to your vet because of the financial implications. The online companies can buy it in bulk and, therefore, they can have reduced prices, so it is actually a cheaper direct prescription for your client to get it from GB. They will no longer be able to get that.

The Chair: Who else would like to contribute to this question?

Bryan Lovegrove: I represent the Animal Health Distributors Association, which is a trade association mainly made up of retailer distributors that prescribe veterinary medicines to professional trained staff, of which there are about 7,500 across the UK, 400 in Northern Ireland. Veterinary medicines can either be prescribed through a vet, a pharmacist—

The Chair: Do you mean supplied or prescribed?

Bryan Lovegrove: They are prescribed through a vet, a pharmacist—some pharmacists specialise in farm animal prescribing—and the SQP channel, suitably qualified persons who undergo specific training in

veterinary medicines to be able to prescribe veterinary medicines, products for which a diagnosis is not needed.

An example would be Fane Valley, where a farmer will walk in to have routine treatments and can be prescribed vet-strength products over the counter by a suitably qualified person. Some of my concerns are that a lot of the discussion in Northern Ireland and in the Windsor Framework is focused on the vet sector; it is said that there are alternatives for vets because they can use a cascade or special import certificate to make up supplies if pack sizes are not available. That is not an option for the SQPs on VPS products in those stores in Fane Valley. On 1 January you could have a situation where a farmer walks into a Fane Valley store for a veterinary product that does not need a diagnosis and the pack size is not available. The professionally trained, suitably qualified person will either have to turn the farmer away or prescribe them with a bigger pack size, which goes against the veterinary medicine regulations, goes against the SQP code of practice, overprescribes to the farmer and increases the chances of antimicrobial resistance.

Northern Ireland is quite unique in the farming community, different to the rest of Great Britain; it needs a wider range of pack sizes because there tends to be smaller family-sized farming connected with beef and sheep, so they need the variation in pack sizes.

The Chair: Can you give us a rough idea—it has to be a rough idea, I am sure—of the percentage of consultations that go to SQPs as opposed to veterinary practices?

Bryan Lovegrove: Currently 80% of VPS products are prescribed through the SQP sector and there are 400 SQPs in Northern Ireland, so that gives you a bit of an idea of the size of the market.

Alexander Kinnear: Good morning, Lord Chair, and to the committee members. First, I congratulate the committee on its latest report. It took quite a while to read but it was certainly well worth it when I got to the end.

To take a step back, as an organisation we welcome the steps taken by Government in June with the introduction of the two latest schemes. We continue, like everybody else, to work within the Veterinary Medicine Working Group. However, at the UK-EU research summit in May of this year, we were disappointed that veterinary medicines were not included in the overall negotiations, and this issue will continue to sit outside all of that. We want to thank the Secretary of State and Baroness Hayman for their leadership, as well as the officials. However, we are not as confident as we would like to be this late on into the process, and the concerns that Bryan has raised and Mark will raise in person are concerns that we share.

Obviously single market access is vital, and whatever happens here it has to be a solution that sits within that, but we are crossing the Rubicon now and the idea of turning back is really a distant memory. We are

concerned as well that the Veterinary Medicine Working Group will not meet again until late in the year, which is disappointing. I can go into further matters in later questions.

The Chair: Mr Little, do you want to add anything at this stage?

Mark Little: No further comments from us on this, thank you.

Q2 **Baroness O’Loan:** I think to a very significant extent my next question has received some answers, but you may be able to add to the answers that you have given. What impact do you expect the end of the grace period on 31 December to have on the supply of veterinary medicines to Northern Ireland?

Mark Little: I am honorary secretary of the Northern Ireland branch of the British Veterinary Association. What impact will it have? This impact will ultimately depend on the pharmaceutical companies’ final commercial decisions. The Government’s work—and that is the Cabinet Office, Defra and the VMD, which I commend for the amount of work they have carried out on this—shows that of the 3,000 veterinary medicines currently licensed for supply in Northern Ireland, about 10% to 15% of products will be discontinued. Out of that, fewer than 20 products would face discontinuation in the category that are likely to result in significant adverse impacts. In other words, there is no suitable alternative that we can get from somewhere else. The big point is that we are sitting here in the middle of November and we are still do not know what those 20 products are, due to commercial sensitivity.

Then we look at the evidence outside government, from the three pharmaceutical companies that Kirsten mentioned, which suggested that they have come out and written letters to the veterinary community about the number of products that they are going to discontinue to Northern Ireland. One of them has said, “There will be no change, we are going to continue supply of veterinary medicines to Northern Ireland as it is today”, but the other two have stated a range of discontinuations in either products or different pack sizes within those products in the region of 30% to 40%. We are concerned, as has been mentioned, where suppliers will reduce their offering to the pack sizes, that it increases cost to farmers and has other impacts such as antimicrobial resistance.

Outside those three pharmaceutical companies, due to commercial sensitivity within the Veterinary Medicine Working Group and elsewhere, these may not be apparent until 2026 when it comes to the point of ordering. If these discontinuations happen, first, the general awareness of these schemes among vets day to day in the veterinary community in veterinary practices around Northern Ireland is not that well known. There would be increased cost to farmers who face higher, less predictable cost, particularly with pack sizes being discontinued and maybe having to buy a larger pack size when it is not needed or, if a large pack size that is needed is not available, buying two or three smaller pack sizes.

Bryan Lovegrove: Mark raises a very interesting point about the number of products that the Veterinary Medicine Working Group think will be discontinued. With the VPS channel of products through trade through the Veterinary Medicine Working Group, they were thinking about 10%, but it may be up to 40% of pack sizes might not be available—and that could create real issues. Also on the trade side, currently there are six wholesalers that supply the Northern Ireland market. Only two wholesalers based in Northern Ireland from before that will be able to trade there, so it creates a bit of a monopoly and maybe price-fixing opportunities for the two wholesalers in Northern Ireland. That is a just a bit of information.

Alexander Kinnear: The lack of transparency around the figures encourages us to not trust the process, and that is very difficult. I cannot understand, because we have all signed a confidentiality agreement to Veterinary Medicine Working Group, why everything that the Government have is not shared with us, because we cannot speak about it anyway and that would take some of our fears away. On Mark's point, this could be the tip of the iceberg or it could be less significant, but we still do not know and we are not going to know until we reach next year.

The other point is that the Government are actively encouraging the companies that buy off the pharmaceutical companies to stockpile ahead of 1 January. That puts a lot of pressure on those companies to take on more product than they usually would have done. I suspect some farmers depending on certain products will do the same, but even having to contemplate doing that is not a good enough excuse. With that stockpiling, it could push the problem slightly further into 2026 and particularly around springtime, which is busy on farms for lambing and calving and for various reasons. No time is a good time, but definitely not the springtime.

The Chair: If there was less availability of large pack sizes, does that put up the price to the customer per item, per pill or per injection?

Alexander Kinnear: I think from a farmer point of view it would be the issue that if the pack size for, say, a farmer with 50 sheep wants to buy a 1 litre product and there is only a 5 litre product available for treating 500 sheep, they will be forced to buy that or not treat their animals at all. Of course that brings with it a huge amount of concern, not only cost but what do you do with the rest of the product that you are not using and the waste that is associated with that.

Baroness O'Loan: Is it possible that farmers might club together to buy the 500 litres or whatever?

Alexander Kinnear: No, I do not think it is an option because there would be probably ethical considerations there. Whenever you buy the product, the responsibility is on the individual to record that, use it and then get rid of it.

Baroness O'Loan: To go back to Mr Lovegrove, did you say that there

were currently six suppliers?

Bryan Lovegrove: Yes, six wholesalers into Northern Ireland.

Baroness O'Loan: And now there will be two?

Bryan Lovegrove: Two that are based in Northern Ireland. The four that are currently based in GB will no longer be able to trade.

Lord Empey: Is there a risk, just as there has been with human medicines, of bootleg products getting on to the market, with people downloading them, ordering them online and farmers trying to find a way around the use of branded products with probably unknown or undetermined quality of a product?

Bryan Lovegrove: One of the things I try to do as secretary general of the Animal Health Distributors Association is to enhance responsible prescribing. What you have just mentioned is a really big fear because of the lack of control maybe seeping away and making a two-tier animal health and welfare system in Northern Ireland and Great Britain.

In 2019, AHDA fought in Europe to get a derogation within the European veterinary medicine regulations to recognise the SQP channel. The only reason the SQPs will remain in Northern Ireland from 1 January 2026 is through that derogation that we got through the European veterinary medicine regulations. My longer term fear is that we will have less influence on Europe in future and, if Europe decides to change that derogation, we will lose that very valuable prescribing channel in Northern Ireland completely. It is only holding on by a thread, so I am doing everything I can to enhance responsible prescribing across the UK. I have real fears of a two-tier system, and there will be other ways of obtaining veterinary medicines in Northern Ireland which may not be through the normal prescribing channels.

Lord Thomas of Gresford: As I understand it, there are 20 products you think will not be provided on the market but they have not been identified. If stockpiling is taking place, how does the farmer know what to stockpile?

Mark Little: That is a very good question, Lord Thomas. It is probably not the farmer stockpiling, but the veterinary wholesalers and the vets will be stockpiling. Due to the stockpiling issue, we expect there to be no visible disruption come 1 January and, for this reason, we strongly advise the Government not to assess the situation based on a sole snapshot in January as it may present an overly optimistic picture but to reassess the situation throughout the year.

Lord Willis of Knaresborough: Mark, could I ask you a question? You mentioned that there are 3,000 medical products and about 10% to 15% of those are due to be discontinued and there will be no alternative products. That cannot be right, can it? There must be alternatives, or animals elsewhere would be in danger.

Mark Little: Thank you very much, Lord Willis. It is correct. These are figures from the Veterinary Medicines Directorate. There are around 3,000 veterinary medicines and different licences in Northern Ireland. However, the 3,000 also counts all the different pack sizes as well, as we have been talking about. If a certain medicine has—

Lord Willis of Knaresborough: I understand the pack size, and I think that is a real issue, but this is about the alternative products that will keep the animals alive or fit. It is the medicines I am interested in, rather than the pack size.

Mark Little: In pack sizes as well there is what are called SKUs, or stock keeping units. If something comes in half a litre, 1 litre, 2.5 litre and 5 litre, the 10% to 15% will count those pack sizes as well. It is not 10% to 15% of veterinary medicines going; it is 10% to 15% of the selection of veterinary medicines going in different pack sizes.

Lord Willis of Knaresborough: Can you tell me how much will be the medicines themselves? There will not be any discontinued medicines, will there?

Mark Little: There are closely related alternatives. The thing is we do not know and we have not seen the list. We can only base it on the veterinary medicines record, and they tell us fewer than 20. They do not give us a number—they tell us that fewer than 20 will be discontinued and will have significant adverse impacts.

Baroness Goudie: Good morning. Thank you for coming to see us today. What is the cost to the wider industry of preparing for the new requirements? What will be the cost of complying with those requirements and meeting those costs in the long run? What will this do for employment within the agricultural industry?

Mark Little: It is very difficult to give a proper estimate because many manufacturers have not declared their hand. They have not given their final supply. An important point to note here is that all these costs arise from political rather than market forces. We can see cost pressures arising in three main areas: veterinary practices, farm businesses and pet owners.

For vets, it is even just about the time spent reading and understanding the guidance, looking for alternatives that you may not get, writing if we have to write special import certificates and even documenting decisions to which scheme. This was a specific point made by the Veterinary Medicines Directorate—about making sure that there is enough evidence documenting it. It is about communicating changes to clients as well, why the existing veterinary medicine that they have always got for a pet or a horse or for their farm cannot be got any more and is available in Great Britain. For farmers, again there is the change in pack sizes, and I will not go over that point again.

For pet owners, a big one is around online veterinary pharmacies. If a vet writes a prescription you can have it fulfilled from the vet itself and the practice or go online. Currently they all are located in Great Britain, so therefore following 1 January they will no longer be fit to supply Northern Ireland. A really important point here is the findings of the recent Competition and Markets Authority investigation into veterinary services for household pets; it shows that they intend to require practices to inform pet owners that they have a right to obtain their veterinary medicine from online pharmacies, which they will not be able to in Northern Ireland. In summary, it will increase a lot of the time spent, increase a lot of worry that they are on the right scheme and documenting that they are in the right scheme, along with the new guidelines, increasing time sourcing. This cost will have to be passed on to farmers and pet owners as well.

The Chair: I think many of us as pet owners have experience in Great Britain of vets saying, "You should buy this online".

Q3 **Baroness Ritchie of Downpatrick:** First, I declare my interest as a member of the Government's Veterinary Medicine Working Group, like the members of our delegation here today.

To follow on from that question, my understanding is that there are no online veterinary practices in Northern Ireland or veterinary farmer companies so it would make it more difficult for vets and farmers to access that medicine. How have your industries, the veterinarians, the AHDA and the farmers, been preparing for the end of the grace period? I have a further supplementary to that. We have already talked through with Bryan about the suitably qualified persons and, Alexander, you and I have talked about some of the merchants. Would they have suitably qualified persons? You know who I am thinking of. I do not know whether I can name the person or not, but they have several stores now.

So how have your industries been preparing for the end of the grace period? A subsection of that question is: how have public bodies such as the Veterinary Medicines Directorate and DAERA been engaging with and supporting you in respect of your preparations for 31 December?

Alexander Kinnear: Thank you, Baroness Ritchie, for the question and indeed your input over this for quite some time. As you will be aware, there has been a lot of engagement and discussions and the Government are approachable on this issue, as indeed are the officials. If we request meetings outside the Veterinary Medicine Working Group, they will facilitate that. The issue on DAERA has been slightly lacking. We certainly as an organisation have had no engagement with them direct on the issue, albeit the Minister and the chief vet for Northern Ireland sit on the Veterinary Medicine Working Group as well.

We have been briefing our own committees and feeding back to farmers where and when. However, it is the Government's decision to embark on this path and it is not up to us as an organisation—it is not up to Bryan and his organisation or indeed the veterinary bodies to do the

Government's work for them. As they have opted for this decision to choose these schemes, the onus is on them to communicate with the vets who will have to use them, to address the SQP concerns then finally speak to the animal owners to say, "The way you get your veterinary medicines is changing", and that has not been done publicly.

We met with officials last week and pushed quite heavily that they need to be more open and honest about the pros and cons of the Windsor Framework, because there will be pain, and they have conceded that point. The question is how much pain. I would encourage the Secretary of State when he gets a chance to speak publicly and go into quite some detail to say exactly what we are being told behind the scenes. We cannot have a situation whereby it looks as if industry has agreed to all this. We are part of the Veterinary Medicine Working Group and we are there to listen. We put in our concerns, but this is not a process of co-design. This is a process where the Government have listened and then acted on their own.

Of course, we speak to the EU Commission as well, where and when we can. We have our office in Brussels, which I know some of you have met with, but the Commission is going off what the Government are telling them officially. We would dispute some of those figures and particularly the issue of transparency in figures. To go back to your question, we simply do not know what is not going to be available, and that makes it impossible to plan.

The Chair: Dr Dunbar, when you gave evidence to the Northern Ireland Affairs Committee you said that some veterinary medicine producers were rerouting products to the Republic of Ireland rather than to Great Britain for supply in Northern Ireland. Does that remain the case and to what extent?

Kirsten Dunbar: It does, because to continue to supply into Northern Ireland you need to have an address in the EU. A lot of veterinary medicines come from Europe, so they are being rerouted into the south rather than coming from GB and coming into Northern Ireland. We are told that just by ordering it as usual through your drug company representative, the product will arrive as per normal, but it may well be coming even through our Veterinary Surgeons Supply Company as well. They will order in and then the medicines will be able to be supplied within Northern Ireland itself.

The Chair: Will that change prices?

Kirsten Dunbar: We do not know. As far as we are told, no, it will not affect prices.

Lord Thomas of Gresford: There was guidance issued on 31 October about the marketing authorisations and part of it reads as follows, "If you have not yet submitted a variation application to change your MAs, market authorisations, to reflect an EU or Northern Ireland-based legal entity but still intend to supply products to Northern Ireland after 31

December 2025, we strongly encourage you to contact the VMD as soon as possible. Please note that the deadline for submitting such variations in time for processing by 31 December 2025 has now passed.” What problems has that thrown up? Have these marketing authorisations been applied for generally?

Kirsten Dunbar: They have been applied for generally. We are told that a large proportion have been applied for and they are being processed. It does take time to process those, but we are told that those are under way and will be complete by the end of December. However, as I said before, having a marketing authorisation does not mean that that product will be supplied to Northern Ireland. A lot are doing it for commercial reasons, perhaps to reinstate if the demand came to it but, in general, it does not guarantee that that product will be supplied to Northern Ireland.

Lord Thomas of Gresford: Do you know of any firms that have fallen behind the deadline at all? Have they all done it?

Kirsten Dunbar: I am not aware. That would be VMD again, commercial in confidence.

Lord Dodds of Duncairn: Just on that diversion of trade point, which was a part of the Windsor Framework, when the Government said they would act if there was diversion of trade, do you know much is going through the republic now or can you estimate?

Kirsten Dunbar: I am sorry, I cannot. Can you, Mark?

Mark Little: Simply put, to supply veterinary medicines to Northern Ireland presents a quandary, because a lot of veterinary medicines are made in Europe anyway but warehoused somewhere in Great Britain, which was not allowed. The trade was coming from wherever the manufacturing site was in Europe. There are some manufacturing sites in Great Britain as well, but they are not allowed to set foot on British soil before it comes across to Northern Ireland. All the veterinary medicines supplied in Northern Ireland from January 2026 will not come through Great Britain. It will be through Europe, through the Republic of Ireland. That is a seismic change.

Baroness Foster of Aghadrumsee: It is a total trade diversion then?

Kirsten Dunbar: Well, unless they come through the new schemes.

Lord Dodds of Duncairn: People are supplying stuff from England mainly to Northern Ireland at the moment, so what happens after 1 January? Will nothing go across from Britain to Northern Ireland that is a veterinary medicine? How does it come to Northern Ireland?

Mark Little: From 1 January 2026 all manufacturing companies will have redirected trade through warehousing in the Republic of Ireland.

Lord Dodds of Duncairn: So there will be 100% cent diversion?

Mark Little: Almost 99%—I do not have a figure for you. Certain amounts that we cannot obtain through Europe will then allow for some of these schemes.

Lord Dodds of Duncairn: So of the vast bulk, over 90%, almost 100%, none of it will come from Britain, apart from what comes in under the special schemes.

Mark Little: They will not be warehoused in Great Britain, correct.

Lord Dodds of Duncairn: So it is the landing in Britain that is toxic?

Mark Little: Yes.

Lord Dodds of Duncairn: What makes these medicines unacceptable is not how they are made or their effects, it is that they might actually geographically be in England or Scotland or Wales?

Alexander Kinnear: We could never get an answer to that point. To add a further nuance, in 2027 we expect the Government to conclude their negotiations and finally strike an SPS deal. We will find ourselves in the odd situation whereby the farmers throughout the United Kingdom will, in probably 90% of cases, be farming to the same set of standards, yet accessing veterinary medicines differently. Seeking logic in this problem is very difficult to find.

Baroness Ritchie of Downpatrick: To follow on from Lord Dodds, is it possible to estimate the percentage of medicines that will come through the two schemes—the first scheme, the UK internal market scheme and then the other situation scheme?

Kirsten Dunbar: The health situation scheme, I think, will be for times of crisis, so probably not very much at all. For the others, again, we are not quite sure because we do not have the figures yet. Again, they are set up as schemes to deal with small quantities.

Baroness Ritchie of Downpatrick: A final question: is DAERA equipped to deal with this issue? In the long term, it will have presumably overall responsibility for this.

Alexander Kinnear: That is hard to answer, bearing in mind the lack of engagement there has been. If the Minister were sitting here, he would be saying that this is the responsibility of the Veterinary Medicines Directorate under the Windsor Framework.

One further nuance I would say—and we pushed the Government quite heavily on Bryan's points around the SQP sector not being included in these schemes—is that the Government are saying that they are in the Veterinary Medicine Health situation scheme. But to add to what Kirsten has said, unless there is times of crisis, that will not answer Bryan's concern. For us, a health situation will be if a farmer cannot avail of a product that they have been using for a number of years and cannot get

an accurate size. The Government are disputing whether that is a health situation or not.

Baroness O’Loan: It seems extraordinary. Do I understand you to say that for goods, for example, manufactured somewhere in the European Union that at the present time are bought by suppliers in GB, and which may or may not be supplied to Northern Ireland, those suppliers will no longer be able to send it straight across from Stranraer to London or wherever and will have to go through Dublin? You are saying that they will not do that, that they will drop out of the market—is that what you are saying?

Mark Little: It is a really good question, Baroness. It comes down to European rules that any medicines entering the EU, which will include Northern Ireland, from outside the EU have to go through additional batch testing and release to check their quality and to check everything is there. Even if it is manufactured in Europe and comes through GB, it is counted as outside of Europe and back in. That is why—so it is a better commercialisation for companies, instead of touching soil in Great Britain, to reroute product through Ireland.

Kirsten Dunbar: Directly to Northern Ireland.

Q4 **The Chair:** Can we just be clear on this? Those are goods that are manufactured in the EU. At the moment they are supplied to GB and then from GB to Northern Ireland. When they are supplied from EU to GB, what testing do they have to go through at that stage, if any?

Mark Little: To clarify that we would ask the Veterinary Medicines Directorate, but it is my understanding that the VMD accept batch release done in EU, so no further testing.

The Chair: So it goes from the EU to GB without any testing, but the same material, if it is now to go into Northern Ireland, would have to go through testing.

Mark Little: Correct.

The Chair: The logical explanation for that is?

Kirsten Dunbar: There is not one.

Mark Little: European regs.

Bryan Lovegrove: European law.

The Chair: Baroness Goudie. That is very clear, thank you.

Q5 **Baroness Goudie:** This is just a supplementary to what I asked you before, on which we did not quite get to the answer. This is all going to make, I think—and you may well agree—medicines more expensive, for what you are doing and for trying to get them in more expensive. What effect will this have on the farming community for employment? You do not need to tell me the figures—but this will have an effect on

employment long term.

Bryan Lovegrove: That would be very hard to calculate at this point, because where the POM-VPS channel is concerned, when the vet medicines go through the trade, if a pack size is not available, the schemes do not apply to that sector because it is more of a disease outbreak and the temporary vet medicine is needed. When the normal supply of vet medicines for the POM-VPS channel is concerned and there is a shortage of pack sizes, a vet could apply for that product to come into Northern Ireland through the cascade special import certificate, but that would be changing that product and pack size from a POM-VPS to a POM-V product. Over time you would see a shift of trade going from the trade organisations in Northern Ireland to the vet sector; that, longer term, could have a direct impact on those trade businesses that currently operate through that POM-VPS channel.

Lord Thomas of Gresford: Is the reduction of wholesalers from six to two anything to do with this warehousing in Ireland?

Bryan Lovegrove: That is more to do with the manufacturers. It is mainly because there is an open route at the moment for wholesalers, because Northern Ireland is in the UK, but on 1 January it will become in two camps. They will no longer have the ability to trade their wholesale products from GB into Northern Ireland.

Lord Thomas of Gresford: That is because they will be an entity in Northern Ireland or the EU?

Bryan Lovegrove: Correct.

Lord Thomas of Gresford: That is one of the reasons, if not the reason, why the number of wholesalers has diminished.

Bryan Lovegrove: Correct.

Q6 **The Chair:** There is some manufacture of veterinary pharmaceuticals in Northern Ireland. Have these events led to an increase in manufacture of the relevant goods in Northern Ireland by those manufacturers? Obviously, there are intellectual property issues that might arise. Do you know the answer to that?

Mark Little: I do not, and I do know the company you are talking about in Northern Ireland. However, again, I would say at the moment there has been no change to supply of veterinary medicines in Northern Ireland, so I could not hazard a guess.

The Chair: A further question before we move to the next substantive question. You talked about confidentiality, which is making this conversation quite a tricky one. Is this a confidentiality that really exists for commercial reasons or in your view does the public interest suggest that the confidentiality should be less strict?

Alexander Kinnear: From our members' point of view—and this touches on the question of employment—we want to be able to keep competition

in the sector because farmers want to be able to shop around like any other part of society, to choose products that best suit them. On the whole issue of confidentiality, I think the public interest is superseding the confidence the Government are putting in the system. We totally get the pharmaceuticals—obviously with patents and different bits of things, we understand that—but this is too critical an issue for any mistake to come into the system. That is where our problem now lies. Two or three years ago those of us that were on that journey could see why everybody was keeping their cards close to their chest, but bearing in mind we are now a month and a half out, I think that time has passed.

The Chair: The intellectual property rights and patents are protected by law anyway. If a company says the supply of product X, protected by patent law, will be affected, what is the commercial confidentiality that is being protected? I do not understand.

Alexander Kinnear: I am unsure, and neither do we, but it is a question for the Government.

Mark Little: At the last evidence session, Donal Murphy from NOAH, I think, answered something to do with that. It is not the intellectual property; it is something to do with the supply of veterinary medicines. If one company declares its hand and says it is not going to supply you, it gives another company commercial advantage to then upscale. I think it is something to do with that. I would urge you to maybe try to clarify.

The Chair: We may make some inquiries into that.

Q7 **Baroness O’Loan:** If those goods are coming through into the Republic of Ireland and being batch tested, what exactly happens to it? Is it unpacked and examined or what? What is batch testing? I know batch testing may mean not all testing but—

Kirsten Dunbar: Batch testing is when they take up—and this would be in GB, not in the Republic of Ireland, so it would be the warehousing or in laboratories in GB. It is around efficacy, quantity of active substance and hugely expensive tests laid down by the EU.

Baroness O’Loan: I am sorry, Chair, but this is quite important. My head is finding this a bit difficult. It is batch tested in the European Union for use in the European Union, so it has satisfied all the tests. It is then sealed and processed for distribution. It comes into the Republic of Ireland, at the present time, but after 1 January you are telling us that the British manufacturers will send it into the Republic of Ireland.

Kirsten Dunbar: No. It will come directly from the EU, from mainland EU, into the Republic of Ireland. It will not move through GB.

Baroness O’Loan: No, sorry, so a British supplier could technically buy from Europe and send in to—no?

Kirsten Dunbar: No, then it would have to be batch tested. It cannot touch British soil. In trade terms, GB is classed as a third country.

Baroness O’Loan: I do not want it to touch British soil. I am referring to a British supplier buying from, say, Belgium and transporting the goods to Ireland for onward sale in Northern Ireland.

The Chair: The noble Baroness is talking about it being physically delivered to an agent of the British supplier in, let us say, Dublin.

Kirsten Dunbar: You need to have an address, a legal entity.

The Chair: You need to have a registered address, yes.

Baroness O’Loan: Is there a second batch testing, simply because it is—no. There is no second batch testing.

Lord Dodds of Duncairn: There is no batch testing. There is actually no batch testing when it comes into Britain, so it still remains sealed, it is as batch tested in Europe. That makes the idea that it cannot be sent on to Northern Ireland ever more ridiculous, because nobody has interfered with it. That is why I asked what was so toxic about it. It is all politics, of course; it is nothing to do with commercial reality or health or anything else. As somebody said here, I think, it is political and not market driven. I think that was a quote, and that is exactly right.

Q8 **Baroness Foster of Aghadrumsee:** Of course, Lord Chair, there is an answer to this, and it is to use digital technology to track the goods from Europe into a warehouse in Great Britain and then into Northern Ireland without it being opened. Therefore, there is no need to batch test it. The Government could authorise that if they wanted to. That is a solution to all of this and it is the proper way it should be done, but it is politics that is stopping that being done and that is very sad.

Bryan Lovegrove: I am amazed that we are at this point that we are at now. I cannot agree with this policy at all. I have been trying to fight it. It does not make any sense to me. People say, “Bryan Lovegrove, you must be mad”, because I still want to see veterinary medicines alongside human medicines in the Windsor Framework. I think it is a fundamental animal health and welfare issue. It will impact on businesses in Northern Ireland. It will impact on the potential livelihoods and potential health of food-producing farmers, because the food will come into the UK as well. From the get-go, the policy is flawed. I would like to see veterinary medicines in the Windsor Framework alongside human medicines.

The Chair: I must say the words “dancing” and “head of pin” are going through my mind at the moment, but this committee is used to that process.

Q9 **Baroness O’Loan:** I will move on. The absurdity of it causes me to question my sanity, but nevertheless. What is your assessment of the Government’s veterinary medicines health situation and internal market schemes? Do you think they will facilitate sufficient supplies of veterinary medicines to Northern Ireland?

Kirsten Dunbar: We support the intention of these schemes, but we have some concerns about the practical applications. The procedure is becoming more complex than it is at present. If we had a major disease outbreak and needed new medicines quickly, there are concerns about how quickly those could be accessed, especially given that timely intervention would be critical in those cases.

There are several negative impacts whereby using these schemes means relying on an individual vet's reasonable discretion, which transfers all liability on to the veterinary surgeon themselves. There is currently no shared professional interpretation of the guidance, so applications could vary. Communications to people impacted by the changes, be that vets, SQPs, farmers, horse owners—because horse medicines are affected as well—or pet owners have been limited and guidance may arrive too late to avoid this disruption. We think it will increase costs for vets, customers and clients, and result in the unavailability of the veterinary prescriptions for pet owners from GB pharmacies, with pack size rationalisation and pressure on vets, particularly following the CMA review. Already vets are coming under considerable pressure from pet owners, saying that everything is too expensive and that this lack of online pharmacy is just about vets thinking up a way of making money again. They do not appreciate that the increases are caused by political rather than market forces. In addition, we are speaking about how alterations to the supply of medicines may impact preventive health care on farms—and if issues arise unexpectedly the impacts will also be on vets, farmers, horse and pet owners in Northern Ireland.

Baroness Ritchie of Downpatrick: Considering that the island itself is a single epidemiological unit for animal health, will these schemes impact on that decision and outcome, bearing in mind that they were introduced way back in 2000 to 2001 at foot and mouth disease time?

Bryan Lovegrove: Disease and infections do not honour borders. Warmer climates mean higher risk across Europe, so even though there is a body of water, it is not as an island as we would like to think it is. There are huge risks still.

Q10 **Lord Dodds of Duncairn:** Thanks for your evidence so far. Just on this issue of supply of veterinary medicines despite the new schemes—we have talked a lot about that already—I come back to the 10% to 15% of authorised products that are expected to be discontinued and the 20 products that are likely to be discontinued and result in significant adverse impacts. Do the Government know the 10% to 15%? Do the Government know the likely 20 or so products? Do the Government know precisely what has been talked about? Does the working group know what they are?

Mark Little: The Veterinary Medicines Directorate has entered into confidential conversations with the pharmaceutical companies and it has the 10% or 15%, it has the 20—but despite the Veterinary Medicine Working Group signing a memorandum of understanding for confidentiality, that has not been passed on. We do not know it.

Lord Dodds of Duncairn: To follow on from the Lord Chair's list of questions on where the balance lies in all of this, given what you are saying about the interests of animal health protection, and indeed human health—because as we have heard previously in evidence session this impacts on that too—never mind the whole economic cost of all of this and the pressure on vets and on pet owners particularly, which we have heard about a lot in the news recently, does this not require at this very late stage for the Government now to be more transparent, to divulge that information and have an open discussion about remedies?

Alexander Kinnear: At the last Veterinary Medicine Working Group our organisation proposed a position that as an insurance policy the Government went to Brussels to seek to extend the current derogation because there was not enough confidence in the system. That did not mean that they continued to work on a long-term prospect. That was turned down and refuted. This cannot go wrong, is the bottom line. We cannot get to a situation where something disastrous happens next year. Hence there needs to be a fallback position—and this issue, as you have rightly explained, is a different one to all the rest of the Windsor Framework problems. It should be elevated above everything else because it is life or death, whether that be for farm animals or pets, or indeed when diseases are passed from animals to their owners.

We get the Government downplaying the discontinuation thing, because you are talking only double digits. Pack sizes, cost, lack of choice, financial cost, impact on resistance—those are all critical elements in this issue. Just because there are not going to be mass discontinuations, that does not mean that we are just going to have to suck it up and live with everything else. That answer is simply not good enough.

The Chair: Could I just go back a question? I think I understood you correctly, but correct me if I am wrong. The Veterinary Medicine Working Group members have signed a memorandum of understanding with confidentiality, but they do not know which medicines are being talked about because of confidentiality, which is known to government officials who have been to Europe to discuss this matter. What on earth is the point of the Veterinary Medicine Working Group signing for that confidentiality if they are not shown the same material as others who are working in the relevant consultation?

Alexander Kinnear: No, that is correct. I stress with discontinuations that the Government have based this on the pharmaceutical companies that have declared their hand. Not everybody has done that yet, so this could be less impactful or it could be the tip of the iceberg—we do not know.

The Chair: I think in the public interest, Baroness Ritchie, I should bring you in here.

Baroness Ritchie of Downpatrick: I do not wish to incriminate myself or my colleagues who sit on the Veterinary Medicine Working Group. I have talked to the Minister about this particular issue and about trying to

get a solution prior to 31 December. I make this by way of statement. It is my understanding that they want to see how the system works before they undertake any further intervention. I am only quoting my interpretation of what was said to me.

Lord Dodds of Duncairn: I trust the working group pushed back very, very hard on that.

Baroness Ritchie of Downpatrick: That is since the working group has met. I will be dealing with that at the next working group.

The Chair: We have got the point.

Lord Dodds of Duncairn: Following on from that, the European Union, we have heard previously in a general context, is taking quite a complacent approach. It says, "The deal is done, that is it, get on with it, there are no real issues". The UK Government are withholding vital information, playing for time. It sounds as if they are just going to say, "We will wait and see how bad it gets and then we might do something", which is an atrocious position when it comes to something like animal health. What do you think we all need to do collectively to get this higher up the agenda? How do we make the Government do that, who when we get them in front of us give very bland answers, saying that it will be all right? What do you think we now need now collectively to do to get the seriousness of this situation on to the table and in the public domain? Alexander, you are probably better to answer that one.

Alexander Kinnear: A couple of things could be done. I said at the start that we are crossing the Rubicon here; that is exactly what is happening and we are getting into a position now that it is too late to do anything. The Government have talked time and again about the full and faithful implementation of the Windsor Framework and how there will be no easements; that is what we are told, whether it is on this issue or other issues, on anything until such time as a deal with Europe is signed on SPS measures. Of course, we will welcome that if it comes, and it is what it says, but the pressure has been building in the system along with a number of businesses in Brexit. You will have heard this from others—all this pain in the meantime on issues is not a logical position. But again, even when we get to an SPS position, the issue of veterinary medicine will still not be resolved. Hence there needs to be transparency as to why veterinary medicine was not included on 19 May because there was not a good enough answer. I hope the UK tried their best to secure that, but that did not happen.

Baroness O'Loan: Mr Kinnear, you read a list of consequences very briefly. Do we need to add to that list of very immediate problems as we cross the Rubicon? Should we add the fact that with larger animals, the animals go into the human food chain, and the human food chain affects Northern Ireland's economy? It also affects the health of all the people, as our agricultural products go across the world. That is a very important factor that we need to feed in immediately. It is probably a question for Baroness Ritchie rather than for our witnesses. I am reading about the

contribution that is now being demanded of the British Government in return for whatever we are doing with Europe. Are they using Northern Ireland animal health as a bargaining ploy, that you will get it when the Government cough up?

The Chair: That is a very provocative question. You do not have to answer it, but you can if you wish.

Alexander Kinnear: Well, I certainly hope that is not the case, I will put it like that—and you are right to point out that our industry is worth over £8 billion to Northern Ireland’s economy. We are feeding over 10 million people, upwards of 25% of the UK’s indigenous food supply. I have to say that this Government’s approach to food security has been extremely poor, bearing in mind what they will do to farmers with the inheritance tax. One genuinely has to ask whether food security is a priority or not. If you were to ask any of our members at home, they would say that is not high up the Government’s agenda.

Q11 **Lord Thomas of Gresford:** It seems to me that this lack of transparency means that stockpiling is in the dark at the moment. Nobody knows what to stockpile because we are not told what is being withheld—the companies refuse to do it. That is not acceptable. In any event, do you consider the Government’s schemes, which are for special requirements, present a suitable long-term solution to maintain an adequate and proper supply of veterinary medicines to Northern Ireland?

Bryan Lovegrove: For the vet sector, it is probably not ideal, but within all of the schemes it overlooks where 80% of those POM-VPS products go into the trade to those beef and sheep farmers in Northern Ireland, they have no impact whatever.

The Chair: In the end?

Kirsten Dunbar: Ultimately only time will tell. We do not know; we are still in the dark about a number of things. Until they are operational, we cannot fully assess their suitability or impact. If the number of products affected is very small and remains small, as originally assumed, it may well be workable, but if the impacts are larger than anticipated, it is not a long-term solution in the current form. The IMS relies on individual vets making case-by-case judgments when no equivalent product is available, which risks inconsistent clinical decisions, variation in cost, and greater professional liability. The other scheme, the HSS, is a reactive scheme and has a slow mechanism for responding to animal health situations. It is still up in the air as to whether that is a long-term solution or not.

Q12 **Lord Willis of Knaresborough:** Taking into account the new schemes, what concerns me most is the issue of the medicines themselves, with regard both to animals and to humans. For the committee to be able to put pressure on the Government for a response, we need to know much more clearly what is the veterinary medicine supply that will pose real risk to Northern Ireland—for example, for animal and human health, agriculture and agrifood, and to the wider society. Unless we know that

there is a significant number of medicines and we can name those medicines, I do not see how you can put enough pressure on the Government to answer. If you can do that before 31 December and something happens afterwards, quite frankly, you will have scored an enormous success, but not one that will cause anything other than huge problems for the people of Northern Ireland. What are these problems that we have for animal and human health, agriculture and food? What can we say to the Government about what we want to get back from them?

Mark Little: What are the key messages to the Government?

Lord Willis of Knaresborough: Yes.

Mark Little: I do not think we can properly prepare until we know what we are preparing for. We are in the middle of November and we still do not know what those 20 critical products are that will cause "significant adverse effects". The next Veterinary Medicine Working Group meeting is on 17 December.

Lord Willis of Knaresborough: But as a committee, and with a very direct Chairman, we ought to be able to say things to the Government tomorrow that will actually bring some action, rather than simply waiting for you to meet again and then do something. What can we do to force the Government into a much more physical human action?

The Chair: What would you advise the committee to do, Mr Little?

Mark Little: I absolutely agree, Lord Willis. We cannot prepare until we get this information. We are trying to prepare for something we do not know. How do we get the Government to do this? It is my understanding that the Government got this information from the pharmaceutical companies in a message to say that it would not go any further. I think that is how they got the information, so that is why it has not even been filtered out to the Veterinary Medicine Working Group. I would ask the same question as you. How do we convince the Government to ask pharmaceutical companies to release this information? I think that is the solution.

Alexander Kinnear: The UK Government is 50% of this decision on veterinary medicines, and like all things Windsor Framework related, Brussels forms the other 50%. I am not standing up for the UK Government here by any means, but there is a responsibility on everybody who agreed to the Windsor Framework.

Lord Thomas of Gresford: Are you saying that the EU would have a say in transparency in disclosing what will be withheld? Does the EU have a say in that?

Alexander Kinnear: What I am saying is it has as much responsibility to get an answer to that as we do, because we are clearly going into the unknown. With discontinuations, if you have five active substances and that will be reduced to two, the Government are taking that off their list

as a discontinuation whereby the farmers are saying, "Sorry, I went from a choice of five products to two", which in our eyes is a red line. There are nuances within nuances that have not been taken into account.

Lord Dodds of Duncairn: Are you saying that despite the Government's estimate, actually for pack sizes and the product availability, the impact is likely to be higher than what the Government are saying? When Ministers come here and say 10%, 15%—and they are very confident about these figures—do you reckon that it is likely to be higher than that?

Bryan Lovegrove: From some of the information that we have seen, some of the product and pack sizes could be up to 40%.

Lord Dodds of Duncairn: So that is 40% discontinuation. It is hard to get into the issue of costs and so on, but as well as for the farming community, which relies on this heavily, there has been a lot of controversy recently about veterinary medicines for cats and dogs and other domestic pets. It may not be critical in saving a dog or a cat's life, but what is likely to be the impact of costs to pet owners of all of this? For them, vet payments are relatively high and they will take insurance, but what is the impact likely to be on the discontinuation point?

Kirsten Dunbar: On the discontinuation point, it is more about the supply. At the minute vets write prescriptions because it is cheaper for the pet owner to get their pet's medicines from an online company than it is to supply them themselves, so that will be increased cost.

The Chair: On Lord Dodds's question, can I read some words to you from a letter of 3 November, written to this committee by the Cabinet Office Minister Mr Thomas-Symonds, who is responsible for the EU reset. The question was, "Do you find this helpful or do you find it not helpful, or somewhere in between?" He said, "Some pharmaceutical companies have made commitments not to increase prices as a direct result of the changes to supply. The costs involved vary per business and across the supply chain, depending on what existing measures the particular companies already have in place." Is that a helpful comment, Mr Lovegrove?

Bryan Lovegrove: Not really. Words are cheap.

Alexander Kinnear: It does not fill any of us with confidence. I still come back to the point—the Government are completely confident. Even if that was the situation, there still needs to be an insurance policy, because nothing can go wrong here. That is our point. Of course, we will take a very extreme view and represent our members to the best of our ability and say to Government, "Hold on, have you considered X, Y and Z?" That is where that dismissive nature has crept in—that, first, they needed to go back to Brussels or, secondly, to extend the derogation while still working with these companies that had not declared their hand.

The Chair: I see Dr Little waiting to reply like a greyhound on the leash, to coin a phrase.

Mark Little: I am picking apart words there, Lord Carlile, “Costs vary depending on existing measures in place”. Is that the existing measures in place that the pharmaceutical companies have now put into place to continue supply to Northern Ireland, or will they make new changes and, therefore, the existing measures will not apply because there will be new measures? I do not know.

Baroness Ritchie of Downpatrick: Bearing in mind the declaration of interest and also those on the panel, would it be helpful if we as a committee were to urgently request a meeting with the Minister—

The Chair: I am sorry to interrupt you—that is something we will discuss after the witnesses are finished.

Baroness Ritchie of Downpatrick: Yes, but I am simply going to ask because we are on an equal basis in this. Would that be of benefit in this particular scenario to get solutions? We need an earlier meeting than 17 December for our Veterinary Medicine Working Group. It should be taking place next week.

The Chair: Can you answer the second question first?

Alexander Kinnear: I completely agree from our side that there needs to be meetings of that group between now and whenever the hour comes.

Bryan Lovegrove: I have to concur. This is an urgent matter and needs urgent attention.

The Chair: The action the committee takes we will discuss after you have finished your evidence, but we will have that discussion, I promise you.

Q13 **Baroness Foster of Aghadrumsee:** I move on to something that Alexander talked about: solutions. We know what the problem is; the problem is staring us in the face. How can we find solutions? I totally reject—and I know it is not Baroness Ritchie’s intention that that is what she believes should happen—that the Micawberism of something will turn up and we will see what happens in January or February as we move along. Something has to be done long before then.

Article 16 of the protocol allows the United Kingdom Government to take action if there is a diversion of trade. They can introduce unilateral safeguard measures, and I believe that should be what happens with the Government. I realise the political stance of this Government is not there because they want to reset and to move to an SPS agreement. However, they are obliged to look after the people and animals of Northern Ireland, as well as all the other citizens in the UK. What can the Government do to deal with this issue, to have those insurance policies that Alexander referred to, so that if something does go wrong there is a back-up to deal with these issues?

We cannot have a situation where the people of Northern Ireland need

medicines for their animals and cannot get them simply because you cannot allow something to be warehoused in GB, even though it is in a packet that cannot be opened and is going on to Northern Ireland. Surely there is a very simple answer to that, and it is around using technology to secure those goods as they come from Europe, through GB, into Northern Ireland. I will be interested to hear what insurance policies you think should be taken by the Government if this goes wrong.

Bryan Lovegrove: Without veterinary medicines sitting alongside human medicines in the Windsor Framework, there needs to be a crystal clear policy for the Government of what will happen in a situation with lack of supply across the board for farmers and for prescribers in Northern Ireland—so a plan B, if there is a shortage or a veterinary emergency.

Baroness Foster of Aghadrumsee: I would say, Lord Chair, they can do that unilateral safeguard under Article 16 if things go wrong.

Kirsten Dunbar: We would like to suggest the establishment of an implementation co-ordination group to support the transition. It could support the workability of the schemes via sharing confidential supplier signals, agreeing shared clinical fallback pathways and continuing communications with its SQPs, farmers and animal owners. We believe there is a system that exists like this for human medicines and has been very valuable. It would allow us to be a bit more proactive rather than reactive, because I hope we would get early signs of perhaps a shortage or a new disease coming along and we could be a bit more proactive with it. In addition, we definitely need to have plain operational guidance for vets, farmers and all the players as soon as possible so that everybody can prepare in a consistent way.

We need more direct engagement with front-line veterinary surgeons and veterinary practices, not just representative bodies. We have been on the Veterinary Medicine Working Group; we are still in the dark about some things but we definitely need that front-line engagement with our veterinary surgeons. We need improved early communication of product changes, so the things we do not know, we know as soon as possible.

The Chair: Any more questions on any of these subjects from my colleagues?

- Q14 **Lord Dodds of Duncairn:** Thank you, that is a very useful and important suggestion you have made, and certainly something we could consider very carefully. On the issue of all the various players in this—we have dealt with Brussels and Whitehall—to some extent the Secretary of State for Northern Ireland and our Executive, but particularly DAERA—I am confident that they are fighting tooth and nail on these issues. They are constantly raising them. They are challenging Defra and the Secretary of State; the Minister has it at the top of his priorities—although I have not heard anything recently from him, I have to say. What is your assessment of the DAERA position in Northern Ireland? It always used to be the champion of the farming community and the agricultural sector and the food processing sector. What role is it playing in all of this?

Alexander Kinnear: It is no big secret that our organisation passed a vote of no confidence in the department quite recently on a number of issues, and this one was not on that list. Specifically on this one, I am unsure what the DAERA position is on veterinary medicines, which worries me. There are clearly officials working away in the background but the farmers, and indeed any member of public at home, are looking to them for advice and are not seeing the distinctions between different bits of government. This issue is so all-encompassing that everybody has a responsibility here. It is the number one animal welfare issue for the Executive to deal with in the short term, and it should be prioritised to that Executive office level if the right action is not taken with DAERA.

I come back to the point—I hope we are all wrong, and we will be delighted if we are proven wrong, but we cannot afford any mistakes here.

Mark Little: Lord Dodds, I will answer your question very directly. While DAERA participates in the Veterinary Medicine Working Group, no communications have been forthcoming, as we are told that this is not a DAERA remit.

Baroness Ritchie of Downpatrick: I asked the question earlier about what work DAERA had done, as it will ultimately take responsibility further down the line for this issue. I have seen it at the Veterinary Medicine Working Group, and it will say that their role was gazumped by Veterinary Medicines Directorate and Defra, but it will ultimately have responsibility. What discussions have you had with it about that, or has it stayed shtum?

Alexander Kinnear: Well, as an organisation we have not had any conversations with DAERA in any recent times on this matter.

Kirsten Dunbar: We did have some conversations as a veterinary organisation with them in the early stages, maybe a year or so ago. A lot of the discussion then was around reporting, the necessity to report on medicine usage within Northern Ireland to the EU and how that would be done. No, we have not had any recent discussions on this.

Baroness Ritchie of Downpatrick: Have the veterinarians here had discussions with the Chief Veterinary Officer in Northern Ireland on this matter?

Kirsten Dunbar: We raise issues through the regular meeting we have with the CVO.

Q15 **Lord Thomas of Gresford:** Should we not be saying something like this: that we cannot see what is in the future, we do not know what diseases will break out, and we cannot know how to prepare for it? Unless they tell us what is missing and what will not be available in Northern Ireland, the whole industry is working in the dark, and stockpiling in the dark. It may or may not include treatment for the particular disease that breaks out. It is essential that they give us the information, give the industry the

information so that they have some cover for what will be withheld. They know what it is, so it is obvious that the industry should know as well.

Bryan Lovegrove: Obviously we will need disclosure and open communication going forwards. My fear is that we have a system now that works, it protects our animal health and welfare, and on 1 January we will be entering a broken system.

Baroness O'Loan: Do the pharmaceutical companies know what products will be affected by this?

Kirsten Dunbar: They make the decisions.

Baroness O'Loan: So it is not just the Government, is it?

Kirsten Dunbar: They have that information from those pharmaceutical companies.

Baroness O'Loan: So there is an industry responsibility here too?

Kirsten Dunbar: Yes.

The Chair: I will draw the open meeting to a close in a moment. In the last hour and a quarter or so you have demonstrated why we asked the four of you to come and give evidence to this committee. You have all been very clear, very frank, very straightforward and very informative. We are extremely grateful to you all. Thank you very much for coming.