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Flock health planning and improving engagement with sheep farmers

This article is designed for veterinary surgeons and farm animal veterinary support staff wishing to provide increased veterinary services to their existing – and potential – sheep clients. The author is based in a mixed practice in Oxfordshire, where sheep production is not the primary agricultural enterprise on many units. The author will outline areas of development that may be of interest to similar practices, where there is potential to “do more for our sheep producers”.

What is the current level of veterinary engagement on UK sheep farms?

It is very difficult to quantify the level of veterinary involvement on sheep enterprises across the UK. The veterinary industry perception (Personal communication, Lovatt, 2015) is that our level of involvement is low.

Potential parameters for measuring involvement include veterinary spend per ewe (mentioned below), veterinary spend per kg of lamb sold, minutes of veterinary time spent per ewe or per kg of lamb sold.

Most farm assurance schemes require a health plan of some description; however, the level of veterinary involvement in the plans can be extremely variable. At the time of writing, there are 24,741 ‘Red Tractor-assured’ beef and lamb producers in the UK (Red Tractor Assurance website, 2015).

A new recommendation of the Red Tractor scheme is to have in place a herd/flock health plan that specifically

Financial performance (£ per ewe to ram)		
	Average	Top Third
Number of flocks in sample	66	22
Average flock size (ewes to ram)	572	630
Lamb output	97.33	92.16
Other income	2.19	2.15
Gross Output	99.52	94.31
Replacement costs	13.43	11.24
Output less replacement costs	86.09	83.07
Variable Costs		
Purchased feed including minerals	12.77	6.43
Home-grown feed	1.87	1.50
Purchased forage	0.12	0.05
Home-grown forage variable costs	5.46	2.78
Total feed and forage	20.23	10.76
Vet and medicine	6.21	5.16
Bedding	1.29	0.54
Other livestock expenses	6.42	4.10
Total variable costs	34.15	20.56
Gross Margin	51.94	62.51
Fixed Costs		
Labour – paid	13.68	9.26
Labour – unpaid	17.63	12.97
Machinery repairs and spares	2.39	1.57
Contracting	2.89	2.01
Electricity	0.23	0.09
Fuel	3.29	2.65
Property maintenance and water	1.73	1.06
Depreciation	6.58	3.97
Land rent (imputed and actual)	14.78	14.79
Imputed finance costs	1.27	0.84
Overheads	3.99	2.88
Total fixed costs	68.46	52.10
Net Margin (including imputed costs)	-16.51	10.41

Figure 1. Costs of production for lowland flocks (Stocktake Report, 2014).

includes a veterinary review of key health and production parameters. The standards were reviewed in October 2014; so as 2015 progresses

and health plans for members are updated, this may standardise the level of veterinary involvement to some degree.

Table 1. Stocktake data for lowland flocks (£ per ewe put to tup)

	2013		2014	
	Average (£)	Top Third (£)	Average (£)	Top Third (£)
Net margin	-12.65	18.34	-16.51	10.41
Vet & medicines	6.96	5.83	6.21	5.16
Total feed & forage	17.06	16.70	20.23	10.76

“Feed and forage costs are consistently the greatest variable cost of production”

Is there a need for greater veterinary involvement?

The EBLEX Stocktake Report (2014) provides ‘Business Pointers’ that give production costs for flocks (Figure 1). The average lowland sheep producer made a net loss of £16.51 per ewe put to the tup in 2014.

These data can be useful in beginning to understand the key differences between average and top third producers for each flock type (Table 1).

In 2013, the difference in net margin between average lowland flocks and the top third of lowland flocks was approximately £30 per ewe put to the tup. Higher output accounted for 37 per cent of the net margin difference, and in this year, in these flocks, the identifiable key factors were more lambs born and reared, fewer empty ewes, higher daily live weight gain and higher sale weights (Stocktake Report, 2013).

All of these factors can be influenced by the uptake of accurate and targeted veterinary advice. In 2014 it is apparent that for lowland flocks profitability has declined. The key differences between the average and top third flocks were again higher output with fewer lamb losses.

Lamb mortality is inarguably a topic on which Veterinary surgeons can advise. With the average lowland producer making a loss in terms of net margin in both 2013 and 2014 and key factors in profitability, including output per ewe, there is an opportunity for clear veterinary guidance and involvement on many units.

The veterinary and medicines category in Table 1 includes both prescription-only medicines and medicines

available from merchants, so it is not a true measure of veterinary involvement alone. However, it is clear that the top third of producers spend less on this category than the average. An explanation could be that these farmers are superior stockmen and, therefore, their animals require fewer treatments.

Another explanation could be that the top third of farmers are more likely to take veterinary advice to prevent disease – for example, biosecurity and quarantine advice – and as such, fewer treatments are required.

Feed and forage costs are consistently the greatest variable cost of production, and labour is the greatest fixed cost according to the Stocktake figures for all flock types. Therefore, in order to provide a relevant and understanding advice service to sheep producers, vets must have adequate knowledge of sheep nutrition, forage production and efficient farming systems.

Nutritional advisers and consultants may be used on many units and a team approach is beneficial. When reviewing production it is important to include the owner, manager, shepherd(s), nutritional adviser, consultant and veterinary surgeon.

Is there a demand for veterinary advice and flock health planning on sheep farms?

As has already been mentioned – although it is impossible to measure accurately – the perception is that veterinary service uptake on sheep units is low. In the author’s experience, some of the limiting factors in using a veterinarian for advisory purposes (to establish a flock health plan,

for instance) have included a lack of understanding of the veterinary services available, trepidation of cost and, in some cases, resentment of farm assurance standards being imposed.

The latter is challenging to address, but effective marketing strategies can be used to tackle the former two points.

In the author’s experience, it has been the sheep producers who have been the most responsive to preventive health and welfare advice once a connection has been established with a veterinary adviser. There was a strong theme of demand for veterinary involvement and advice at the Sheep Health and Welfare Group (SHAWG) Conference in November 2014, with several presentations from sheep farmers detailing the benefit of veterinary involvement in the area of biosecurity. There was a feeling, however, that this may not reflect the entire industry – but rather the ‘top third’ already described earlier.

Fostering a relationship

Initially it is vital to ensure that the practice has the veterinary resources and knowledge to be able to provide advice that is

relevant, accurate and cost effective. A sound understanding of sheep medicine is assumed and additionally knowledge of nutrition and industry economics is important. Marketing is vital in order to initiate a conversation with a sheep producer as, traditionally, contact between sheep farmer and vet has been limited.

Effective strategies include holding farmer meetings and discussion groups, optimising contact with office staff, and building trust by establishing a consistent, approachable presence in the local community.

Farmer meetings/ discussion groups

These can be an opportunity to display detailed veterinary knowledge of a health and production topic (Figure 2):

- It is possible to utilise the meetings to build trust
- It can be useful to invite guest speakers from the wider industry in order to illustrate that a holistic approach to health advice is available from the veterinary service provider
- Further on-farm investigations may be funded by the rural development programme for England (RDPE), or subsidised diagnostic (for instance Barren

Figure 2. A sheep producer discussion group on biosecurity when purchasing replacement stock.

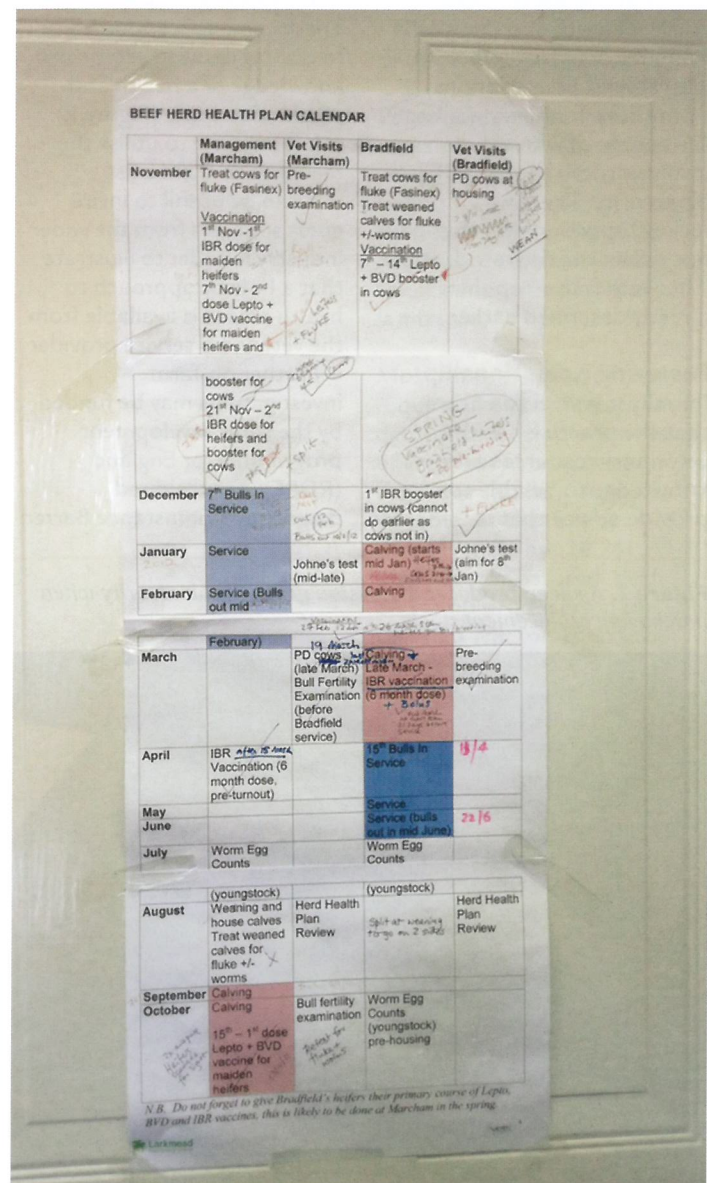


*Suggested Personal & Professional Development (PPD)



Figure 3. A television interview for local news on Schmallenberg virus and its impact on sheep production.

Figure 4. Photograph of a beef herd health calendar in use on farm.



ewe check supported by MSD) This should be communicated clearly – not only through meetings but also via newsletters, e-communications and in person when relevant

- Meetings should be planned to cater for different learning styles in order to achieve optimal engagement

Small discussion groups on key topics, such as sustainable parasite control, have been particularly successful in the author's experience, especially when held at the veterinary surgery. The benefits of these have included:

- Increased familiarity with the veterinary surgeons and support staff
- The initiation of an advisory conversation on parasite control which has developed into an established advisory relationship on key units
- Discussion amongst producers regarding the success of veterinary investigations leading to further, successful preventive measures and improved output

It is beneficial to schedule a clear follow up or summarising after such meetings in order to maintain the initial contact, for this newsletters, emails, SMS messaging, social media and telephoning the delegates have been successful.

Optimising contact with office staff

Often receptionists or office staff are the first physical point of contact with sheep producers. It is beneficial that they have some understanding of sheep production, particularly with respect to the annual production cycle. Internal CPD can be utilised to educate support staff so that they are equipped to have an engaging conversation with sheep farmers as they visit or telephone the practice. It has proved particularly useful to construct a 'sheep production year' calendar for reference.

If familiar with common sheep health topics, support staff play a vital role in initiating discussion or investigations which can be referred to a veterinary surgeon. This may not only provide an opportunity to visit the farm but also build trust between the producer and veterinary practice.

Community presence

Attendance at country shows and sheep-specific events can be an opportunity to increase awareness of veterinary services available and further build trust.

Opportunities to appear on local television or radio to advise on current affairs relating to sheep production can also be beneficial (Figure 3).

Flock health planning

Sheep producers must perceive value in the flock health planning process in order for compliance to advice to be strong and for engagement with the veterinary adviser to be sustainable. As such, important features of a flock health plan include:

- It must meet the requirements of the farm assurance scheme
- There should be the facility to review health and production records from year to year. This, of course, will rely on accurate record keeping on farm, but may allow for conclusions to be drawn regarding the success of health intervention that is extremely valuable
- Standard treatment protocols for common conditions should be specific to the farm and agreed
- The importance of biosecurity and quarantine procedure should be emphasised

Once a flock plan is in place, it should be a working document that can be used for reference frequently, rather than being 'kept safe' until the annual review. If the veterinary surgeon is seen to refer to it

"Sheep producers must perceive value in the flock health planning process"

when discussing flock health issues, this promotes the same practice on farm.

In the author's experience, the key to compliance has been to construct a sheep health calendar similar to that in Figure 4. This can include pre-scheduled flock health visits to the farm at strategic points in the production cycle – often pre-tupping and pre-lambing, as well as the flock health plan review. The calendar can be linked to electronic reminders for which the veterinarian or support staff take responsibility in order to contact the producer when vaccines or flock health visits are due.

Opportunities for veterinary service provision

There is a whole range of services that can be offered to sheep farmers, provided the correct training and knowledge is in place. Again this can be linked to the flock health plan and reminders set for individual farms. It can also be the basis for a practice marketing strategy.

Pre-lambing

- Metabolic profiling of ewes two to three weeks before lambing to assess nutrition (BHB, Albumin, Urea, Calcium, Magnesium +/- minerals and trace elements depending on farm history) see ed.ac.uk/schools-departments/vet/services/farm-animal-services/dairy/blood-testing/sheep-tests
- Body Condition Assessment
- Parasite control

During lambing

- 'Dystocia visits' can be used to initiate conversation regarding scanning percentage and lamb survival
- Post mortem examination of dead ewes to monitor for

'iceberg diseases' (Johnes, for instance)

- Post mortem examination of a sample of dead lambs to evaluate neonatal lamb care
- Discussion and review of tupping management – if lambing is spread over many weeks, did they use teasers? Were the ewes flushed before tupping?

Weaning/shearing time

- Ram preparation for tupping – discuss the use of semen evaluation versus farmer MOT (teeth, toes and testicles, for instance) – use excellent existing EBLEX Better Returns Programme Resources ateblex.org.uk/returns
- Parasite control – discuss the importance of faecal worm egg count examinations and the correct procedure for sampling (technical details at scops.org.uk)

Pre-tupping

- Blood sample ewes and tups to assess trace element and

mineral provision, see ed.ac.uk/schools-departments/vet/services/farm-animal-services/dairy/blood-testing/sheep-tests for further details

- Body condition assessment and discussion of pre-tupping feeding plan
- Evaluation of lameness and foot condition

Conclusion

Net margin is strongly influenced by output, which, in turn is influenced by a host of health and welfare factors upon which well-educated and interested veterinary surgeons can advise.

Accurate marketing of veterinary services is vital in initiating engagement of sheep producers with veterinary services. Robust planning and organisational systems, for example establishing calendars and electronic reminders, are extremely valuable in maintaining the momentum of the advisory relationship.

The challenge is to establish dynamic flock health planning as a cornerstone of sheep production. ■

PPD questions

1. According to Stocktake 2014, what was the net margin per ewe put to the tup for:
 - A. An average lowland flock?
 - B. A lowland flock in the top third of producers?
2. What is the highest variable cost in UK sheep production?
3. According to Stocktake 2014, what is the average veterinary and medicines cost in lowland sheep production?
4. Within a veterinary practice, which members of staff are often the first point of contact for a sheep producer?
5. How soon before lambing should blood samples be taken from ewes for metabolic profiling?

Further reading

Building for the cow. Jan Hulsen and Jack Rodenburg. Roodbont Publishing.

Dairy Housing: a best practice guide. A DairyCo publication in association with Arla and Morrisons.

References

Personal communications, Fiona Lovatt 2015, Flock Health Ltd.

<http://assurance.redtractor.org.uk/rtas-urveillance/schemes.eb>, January 2015

Red Tractor Assurance Beef and Lamb Standards, Version 3.0 October 2014

Stocktake Report 2014, EBLEX, March 2014 (www.eblex.org.uk)

Stocktake Report 2013, EBLEX, March 2013 (www.eblex.org.uk)

Sheep Health and Welfare Group Conference (SHAWG) Conference, Stone, November 2014, personal attendance

- Answers
- 1 A. A loss of £16.51 B. A profit of £10.41
 2. Feed and forage
 3. £6.21 per ewe put to the tup
 4. Receptionists and office staff
 5. Two to three weeks