



Department
of Health &
Social Care

*From the Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care*

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Dear Chris,

Thank you for meeting me on the 16th March 2022 to discuss the Vaccine Damage Scheme (VDPS). In our discussion you raised that you did not receive answers to all of your questions on the VDPS in the Adjournment Debate on the 2nd March 2022. Please see answers to your queries below.

1. On 11th August 2021, the prime minister wrote to Kate Scott, whose husband Jamie, a fit 44-year-old software engineer, spend 124 days in hospital following severe brain injury caused by the vaccine. He said, “you’re not a statistic and must not be ignored” and went on to suggest changes to the VDPS and promised that the Government would consider the case for reform. Why is there no tangible evidence of the Government having done anything in the six months since the Prime Minister said those words?

I am very sorry to hear about Mr Scott’s situation and can also confirm that a letter was sent to Mrs Scott on 2nd March to inform her that NHSBSA were gathering Mr Scott’s records from the clinicians listed on the claim form.

Following the move from DWP in November 2021, NHSBSA are expanding their dedicated team of caseworkers to progress claims and provide improved and more personalised engagement with claimants, including Jamie Scott, to keep them updated on the progress of their claims.

2. Why have they not uprated the £120,000 payment under the scheme to take account of inflation since 2007, when it was last reviewed? On this basis, the maximum should now be over £177,000.

The value of the Vaccine Damage Payment has increased several times since the scheme’s origin in 1979 when payments were £10,000. The most recent increase lifted the award to eligible claimants to its current rate of £120,000 on 12th July 2007.

The VDPS aims to underpin vaccine confidence by offering a one-off additional payment to those who have been severely disabled by a government vaccination programme. The payment is designed to provide some extra support rather than meet the lifetime costs of the disability. Application to the VDPS leaves the option for claimants of taking legal routes to claim these wider damages.

In addition, there is a wider financial safety net to support those with a disability or long-term health condition, including Statutory Sick Pay, Universal Credit, Employment and Support Allowance, Attendance Allowance, and Personal Independence Payments. In the case of bereavement from vaccination, a relative may also qualify for Bereavement Support Payment for immediate assistance.

3. The 44-year-old BBC Radio Newcastle presenter died from a brain haemorrhage confirmed by a coroner in August as having been caused by the AstraZeneca vaccine. Another case about which somebody has written to me arose from a decision by the Westminster coroner who recorded the AstraZeneca vaccine as the cause of death on her mother's death certificate. Neither of those families is yet to receive any acknowledgement that they qualify under the VDPS, let alone that they will be compensated. Are the Government disputing these coroners' verdicts?

The Government is not disputing coroners' verdicts but, in line with the VDPS legislation, is required to assess the evolving evidence to understand the potential relationship between the vaccines and certain adverse events. NHSBSA is now beginning to progress existing COVID-19 vaccine claims and medical records are being requested from claimant's GPs or medical providers. NHSBSA has been in touch with all claimants to provide an update on the progress of their cases.

4. Will the Minister please tell us now when the first payments will be made under the VDPS, and why, despite having told me that 26 staff are now processing claims—11 more than in December—no payments have yet been made?

The widespread use of COVID-19 vaccines began only relatively recently, and therefore an understanding of the potential relationship between the vaccines and certain adverse events is still evolving. However, there is a growing international body of evidence supporting an association or link between the vaccines and certain adverse events. Whilst scientists and clinicians around the world continue to explore whether a causal mechanism between the vaccines and these events can be established, and the relationship definitively proven, this body of evidence means NHSBSA is now in a position to begin the evidence gathering process on the VDPS COVID-19 claims. VDPS assessors will consider whether, in light of all the available evidence, it is more probable than not that the vaccination has caused disablement.

The average, non-COVID-19 related claim, can take around six months to process from the date a claimant's medical records is requested to clinical and disablement assessment. This is because NHSBSA need to wait for claimants' GP, medical providers, local authorities, or other relevant healthcare providers to gather records and send them. The exact time take varies from case to case. Therefore, we are currently unable to provide a more accurate timeframe for making payments related to COVID-19 claims.

5. Will she also say how many medical assessors are currently reviewing outstanding cases, and when the backlog will be cleared?

The NHSBSA has awarded a contract for a supplier to cover VDPS medical assessments, including assessments of claims related to the COVID-19 vaccines. Non COVID-19 related claims have continued to be assessed as part of an interim agreement in place with DWP, the previous administrator. The number of medical assessors appointed will be managed by the supplier and flexed to meet the scheme's demands.

6. Two weeks after his vaccine, Mr Goody experienced acute pain throughout his body. He developed Bell's palsy, required treatment for his left eye, which would not close, and suffered bowel incontinence and severe fatigue. Peripheral numbness and pain in his upper legs, feet, neck and hands then developed. He was in and out of the accident and emergency department at the John Radcliffe Hospital for two weeks, being prescribed steroids, pain killers and undertaking multiple MRI and CT scans, electromyographs and nerve conduction studies. He then collapsed at home in pain and was admitted as an in-patient for five days of intravenous immunoglobulin in an effort to halt the continuing nerve damage caused by the autoimmune response to the vaccine. He was then diagnosed with Guillain-Barré syndrome, which is an autoimmune disease in which the body attacks its own myelin sheath. Does my hon. Friend the Minister, having listened to the circumstances of Mr Goody, believe that his case meets the 60% disablement threshold?

I am very sorry for Mr Goody's situation; however, I cannot comment on the 60% disablement threshold. Decisions around the disablement threshold are made by qualified medical assessors, as is required by law in the Vaccine Damage Payments Act and in line with the definition of 'severe disablement' set out in DWP's Industrial Injuries Disablement Benefit.

7. In recent months, I have received hundreds of emails reporting deaths and serious illnesses involving immune thrombocytopenic purpura, which causes the number of blood platelets to be reduced. On 10 January, in question 100420, I asked the Minister what was being done to investigate the 427 suspected cases of that and if the Government will make it their policy to inform those affected of the availability of the vaccine damage payment scheme. Following my point of order yesterday, complaining about the Government's failure to respond to my questions, I received a response from the Minister yesterday evening, which stated: "Following a scientific assessment of all the available data and a review by the Commission on Human Medicines' COVID-19 Vaccines Benefit Risk Expert Working Group, it was determined that an association between the AstraZeneca COVID-19 vaccine and TTS"—thrombosis with thrombocytopenia syndrome—"was likely". I hope that she will unravel the jargon in that answer and confirm in simple terms what that means in the cases to which I have referred, causation has now been established and there should be no bar to the compensation scheme coming into effect.

The VDPS is open to all who have adverse reactions that meet criteria and will be assessed on case by case basis. The Medicines and Healthcare products Regulatory Agency (MHRA) has reviewed each Yellow Card report of suspected events of thrombosis with thrombocytopenia syndrome (TTS). All reports are followed up with the reporter for further details of the event to allow a more robust assessment. Following a thorough scientific assessment of all the available data relating to Covid-19 vaccine and TTS, and review by the independent experts of the Commission on Human Medicines' COVID-19 Vaccines Benefit Risk Expert Working Group, it was announced on 7th April 2021 that an association between the AstraZeneca COVID-19 vaccine and TTS was likely. As a result, the AstraZeneca COVID-19 vaccine product information was updated to make the public and healthcare professionals aware of this adverse event and to provide advice on the signs, symptoms and actions to be taken in a TTS event. Since these updates, all suspected reports of TTS continue to be monitored and the MHRA will take further regulatory actions and inform patients and prescribers, if new evidence emerges.

8. Will the Minister also answer the part of my question relating to whether the Government will notify those 427 families affected by that particular aspect of the availability of the VDPS?

The information to apply to VDPS is already available on the government website. There is no link between the VDPS and the MHRA's Yellow Card Reporting Scheme. All VDPS claims are clinically assessed on a case-by-case basis, seeking further medical expertise as required.

9. Many correspondents from constituencies across the United Kingdom remain sceptical about whether they will qualify under the VDPS. The issue has all the hallmarks of becoming a bureaucratic nightmare for victims and their families. Why should the Government force those people to go through the ordeal and delay of having to seek expensive legal help instead of enabling their representatives in Parliament to be given the information necessary to establish their claims? That is why those parliamentary questions and this debate are relevant, because it would enable our constituents to establish their claims without having to go to the law.

No legal advice is required in order to submit a claim for the additional VDPS payment. To qualify for a Vaccine Damage Payment, an applicant needs to establish that they meet three main criteria:

- 1) to claim against a vaccine specifically listed in the VDPS
- 2) to prove, on the balance of probabilities, that the vaccine caused the disability in question
- 3) to be assessed as being at least 60% disabled (according the DWP Industrial Injuries scale).

10. As not all those who died shortly after vaccination will have died because of the vaccine, I thought it was fair to ask a further question as to the number of such cases where the yellow card analysis showed that the death would have happened regardless of the vaccine or medicine being administered. I asked this question to help promote vaccine confidence and to prevent inaccurate conclusions from being reached. Much to my disappointment and dismay, that question has not been answered in a timely fashion or at all. Why not, one asks? Surely the Government must have this information, and their failure to produce it can only help further raise suspicions of a lack of transparency. The Government almost seem to be in denial about all this.

The Medicines and Healthcare Products Regulatory Agency (MHRA) Yellow Card Reporting Scheme is distinct from the VDPS. In the case of reports with a fatal outcome, the MHRA is not in a position to determine whether an individual's patient's death was as a result of vaccination or not. Therefore, we cannot provide the number of cases where death is, or is not, attributed to the vaccine being administered.

11. The reluctance of the Government to provide timely information is further exemplified by the delay in updating the information provided as at 15 December. Almost three months have now elapsed since then, and the Government have ducked my further question about sharing the results of the MHRA analysis of yellow cards for patients in respect of whom they were received.

Vaccine safety is of paramount importance and MHRA continually monitors the safety of vaccines to ensure that the benefits outweigh any potential risks. The MHRA's Yellow Card Reporting Scheme enables healthcare professionals and the public, including patients, carers and parents, to report any suspected side effect following the administration of a medicine, including a vaccine. This enables the regulator and the public to monitor any side effects a vaccine may have and enables the regulator to take action in response to concerns identified, if appropriate.

A Yellow Card report does not necessarily mean the vaccine caused that reaction or event, but all reports are continually reviewed to detect possible new side effects that may require regulatory action, and to differentiate these things from what would have happened regardless of the vaccine or medicine being administered, for instance due to underlying or undiagnosed illness.

The MHRA does not provide individual feedback to reporters in respect of its assessment of their report as it may not have received full medical information. In the case of reports with a fatal outcome, the MHRA is not in a position to determine whether an individual's patient's death was as a result of vaccination or not. The MHRA's assessment of the safety of a medicinal product takes into account the totality of information available from Yellow Cards as well as other relevant data sources to ensure robust regulatory actions, which are communicated to the public and healthcare professionals as appropriate.

12. In her answer to question 92800 of 14 February 2022, the Minister said that her Department is “providing indemnities in the unexpected event of any adverse reactions that could not have been foreseen through the robust checks and procedures put in place.” She said, however, that she was unable to provide information about the terms of those contracts between the Government and vaccine manufacturers as they are commercially sensitive. In those circumstances, should those who have suffered adverse reactions that could not have been foreseen through the robust checks and procedures put in place be making claims against the Government or the manufacturers, or both. Minister is listening to this question, because it is in the public interest that she gives a definitive answer. People are champing at the bit in wondering whether they need to make claims against the manufacturers or the Government, or whether they can rely on the VDPS.

Any vaccine must first go through the usual rigorous testing and development process and is only authorised once it has met the strict standards of safety, quality and effectiveness.

We have some of the highest vaccine safety standards in the world and the MHRA is globally recognised for its high standards in quality, safety and medicines regulation.

The safety of the public will always come first and there are extensive checks and balances required by law at every stage of the development of a vaccine.

Vaccine safety is of paramount importance and the MHRA continually monitors the safety of vaccines to ensure that their benefits outweigh any potential risks. The MHRA runs a Yellow Card reporting scheme which enables healthcare professionals and the public, including patients, carers and parents, to report any suspected side effect following the administration of a medicine.

The MHRA is continually guided by the scientific and clinical evidence emerging from the vaccine programme as it progresses.

The Vaccine Damages Payment Scheme remains open to those who may have suffered adverse reactions from Covid-19 vaccines that meet the VDPS eligibility criteria. Further if a person makes a claim through the VDPS, they can still bring a civil claim.

13. Alicia Kearns - I have a wonderful 38-year-old female constituent, a mother of three, who after her first shot of AstraZeneca has had horrendous, life-limiting conditions. The NHS seems to have closed its doors to her: for 10 months she has been asking for help, but no one will give it. She has had to go to Germany to get the specialist blood analysis she needs. So can the Minister kindly say what medical ongoing support and pathways the NHS has created within its support specifically to ensure that people like my constituent get the help they so desperately need to live healthier, happier lives?

I am very sorry to hear about this situation, the constituent should speak to her GP/medical professional and she should be able to access NHS services who can support her conditions.

14. 14. Jim Shannon - Will the compensation scheme to which the Minister referred apply across the whole of the United Kingdom of Great Britain and Northern Ireland—will people in Northern Ireland, Scotland and Wales qualify if they have ailments such as those to which the hon. Member for Rutland and Melton (Alicia Kearns) referred?

The Minister referred to the VDPS which is not a compensation scheme. The VDPS is available in all of the devolved administrations.

15. Does government require more evidence than a coroner's verdict to enable the relatives of somebody who died following the vaccine to get compensation?

The Government is not disputing coroners' verdicts. However, even where a coroner's verdict exists, medical assessors are required to assess evidence to establishing a link between any vaccines and potential adverse effects.

The VDPS can be applied for on behalf of someone who has died. In such cases the person who applies should be managing the estate of the deceased in order to be eligible to apply, and each case will be assessed against the legal requirements of the scheme and considered on its own merits.

Yours ever,



SAJID JAVID