

Minutes of the Meeting of the APPG on Covid-19 Vaccine Damage on 5 June 2023 at 15:30 in the Palace of Westminster

In attendance

- Sir Christopher Chope OBE MP (Chair)
- Maria Caulfield MP (Parliamentary Under Secretary of State, Department of Health and Social Care – Vaccines) (from 16:00)
- Rt Hon Sir Desmond Swayne TD VR MP
- Chris Green MP
- Rt Hon Esther McVey MP
- Aaron Bell MP
- Lord Reay
- Lord Strathcarron

The quorum of five Members from either House was met

- Representatives from the patient groups UK CV Family and VIB UK
- Representatives from the Perseus Group
- Two reporters from the press

The meeting started at 15:30

Introduction by the Chair

Before the Minister's arrival, the Chair outlined this was a significant meeting owing to the length of time it had taken to secure a meeting with the Minister and the importance of the points to discuss.

The Chair sought suggested questions to put to the Minister from those in attendance.

The Minister arrived at 16:00

Questions to the Minister and her responses

The Chair asked the Minister a series of questions. Other attendees asked the Minister questions towards the end of the meeting.

- 1. To what extent does the Department of Health and Social Care recognise post-Covid vaccine syndrome, and will the Department establish a specific clinic for that condition (akin to that established in Germany)?**

“The Department recognises that people from a number of vaccines do have reactions. Which is why we set up the Vaccine Damage Payment Scheme (“VDPS”), but long-term effects are often particular to a specific vaccine.

We do recognise long Covid. Symptoms and effects are very varied, which is related to vaccine harm as well. The sort of side effects people are reporting to the VDPS are very varied.

We looked at the prospect of a setting up a specific post-vaccination clinic. Our experience of long Covid clinics shows that patients are often referred onwards to other specialists. It is therefore considered quicker for them to be referred directly in the first place. We are not considering a specific post-vaccine clinic for that reason.”

So the Department won't follow the German example?

“Long Covid clinic patients are being referred onwards to the appropriate clinical setting, which is the process to be followed for those suffering Covid-19 vaccine harm.”

2. Does the Department appreciate the scale of the Covid-19 vaccine harm problem?

“We can only go on the number of applications to the VDPS so far. 5,738 applications have been received so far and 105 have been successful. That does not mean the balance of those people have not been sick but the 5,738 applications are those out of the millions of doses which have been given.

A lot of people won't qualify for the VDPS – but the number of applications is the only hard data that we have. We're not getting data from GPs or data from other clinics.”

3. The Chair outlined the problems with the VDPS, including the need for an application to meet a 60% disability threshold. He referred to the arrangements emerging for those who received infected blood (including interim payments of £100,000), and asked for similar arrangements for Covid-19 vaccine harm victims.

“The Government will formally respond to the Infected Blood Inquiry fairly soon, but the current £100,000 payments to infected blood victims are only interim payments, and we have not yet finalised the whole compensation scheme. We will be setting out the parameters for that scheme and it is very difficult to make comparisons.

Regarding the VDPS 60% disability threshold, that applies to all vaccines (as does the VDPS), including, for example, the 'flu vaccine and MMR. We have to be consistent across the board. If we were to suddenly change it – reduce the 60% threshold – the threshold would have to apply across the board. We would have to amend payments in the past if we dropped the threshold to, e.g., 20%, as everyone has been paid at 60% since initiation of the VDPS.”

4. Will the Government make sure compensation arrangements for Covid-19 vaccine damage victims will be consistent with those for victims of contaminated blood? The interim payments of £100,000 are only £20,000 off the total compensation currently available for vaccine victims under the VDPS.

“The Cabinet Office is taking a lead on this issue. If we changed it for Covid-19 vaccines, we would have to change the compensation arrangements across the board.”

5. The value of the £120,000 VDPS payment has eroded immensely since it was decided in 2007.

“I am here in listening mode. I am interested to hear the views of the APPG regarding the current £120,000 level of the payment – if the APPG can provide an indicative value of what it should be.”

The APPG has already given an indicative value – it should be increased at least by inflation.

“We are not planning to change the amount at the moment but I take the point on board and am very happy to explore the recommendation and give a formal response on it.”

6. The Chair outlined the problem that injury for the purposes of applications to the VDPS must be assessed by reference to the Industrial Injuries Benefit scheme. For example, an autoimmune condition must be likened by an assessor to a loss of limb.

“The assessment process is based on Department of Work and Pensions principles. It is a standard assessment process across the board. 105 applications of over 5,000 have been successful. The reason for unsuccessful applications may be because the applicant did not meet 60% or above or the vaccine wasn’t the cause. There are a number of reasons. Applicants have the right to appeal. I haven’t got the appeals figures but can get the information for you.”

7. The Chair outlined the lengthy delays in processing VDPS applications, and the trauma suffered by applicants having to wait so long.

“The Department recognised the practical reasons why the Department of Work and Pensions was not able to speed up the process of processing medical records. The average time is 6 months for processing most VDPS applications. As the scheme applies to all vaccines, we do not have specific figures. We have added 80 extra people into the review team. There are a variety of organisations to get the medical notes from.

If Members have cases which have taken 12 months or longer to process, I am very happy to take those away and have a look at individual cases.”

8. The Chair outlined that the limitation period for bringing court claims for compensation is three years. If a victim suffered an adverse effect, currently already two years have passed, and the victim may still need to appeal their VDPS claim which may take another six to nine months. Is not there a case to extend the limitation period for claims?

“It is my experience that most VDPS applications are processed within six months, and I will check how long it takes to appeal. It should be quicker because when reviewing an appeal, the assessor should have all the evidence before them. Most applications are being assessed and appealed within 12 months.

To take legal action, the clock does not start from when you are injured but when you discover there is a problem. It is not three years from when you have had a vaccine but three years from when you think you have been harmed by the vaccine. I will, however, take these points away to consider changing the limitation period for claims.”

9. The Chair questioned the approvals process for Covid-19 vaccines through the MHRA.

“The MHRA undertakes a process of approving and continually assessing medications. For approval, any medicine must reach certain criteria but the licence for that medication can be withdrawn or indications for use can be changed by the MHRA. The MHRA uses the yellow card system. Concerns can be flagged in this way.”

The coroners’ Regulation 28 report of 13 October 2022 was referred to as the coroner required a response as to why the MRHA could not compel manufacturers to provide clinical data. The report was noted to be the subject of Written Parliamentary Questions put by the Chair.

“I will write formally to confirm why the Regulation 28 report has yet to be responded to.”

10. What is your assessment of the level of serious adverse reactions caused?

“We are seeing a drop in the number of VDPS claims. We have reached 5,738 applications but we were close to that a few months ago. For younger people, we changed the types of vaccine they received because of our constant monitoring. Since we are not vaccinating the whole population any more, we are seeing a reduction in serious adverse reactions. Covid itself is a higher risk factor for some serious adverse reactions – e.g. for myocarditis – than the vaccine.”

The Chair opened the floor for attendees to ask questions of the Minister

11. A Member raised that VDPS payments should fall within the Universal Credit disregards.

“If you have individual constituent cases you wish to refer to me, then please let me know. I will look into individual cases.

I will look at the disregards because applicants shouldn’t be penalised because they have received a VDPS payment. I will speak to Guy Opperman about that. The disregards should go ahead.”

12. An attendee stated that the latest reports indicate that 1 in 800 Covid-19 vaccines have caused harmful effects – what is the assessment of your Department?

“I have not got the data to hand and would have to look at data for each other vaccine as well. There are all sorts of reasons for why a vaccine may cause harm.

Just because a yellow card has been issued does not mean harm is related to the medicine – that is for the MHRA to confirm. I will get from the MHRA information regarding the number of yellow card reports and their conclusions regarding recommendations following that data. The MHRA often use the yellow card evidence to make conclusions and recommendations. There is no one-to-one feedback mechanism for reports.”

13. An attendee asked about suspending Covid-19 vaccine licences.

“I cannot speak for the MHRA because the MHRA does the licensing. Unlike for other drugs (if not all), we did not do randomised control trials before licences were given to the Covid-19 vaccines. It is for the MHRA to determine to suspend a licence. I will ask the MHRA to confirm why we did not suspend the licence for the AstraZeneca Covid-19 vaccination when other countries did. The Government cannot suspend a licence. Rather, the Government (through the licencing minister) follows the MHRA’s recommendation.”

The attendee outlined that in response to an FOI request, the MRHA stated that all licencing decisions are made by the licencing minister.

14. An attendee asked what can be done to speed up the Department’s response to litigation over these issues.

“We cannot discuss ongoing litigation. Much of the timing depends on court dates and court availability. We can’t speed up the judicial process.”

The attendee confirmed that the matter to which she was referring was pre-action and did not yet concern an issued claim.

“As a Government, we are not allowed to get involved in legal disputes.”

The Chair stated that a key problem with the NHS is the time which it spends fighting court cases. As an NHS Minister, the Minister could do less to resist litigation and more to resolve disputes quickly. The Chair also mentioned the indemnities offered by the Government to Covid-19 vaccine manufacturers.

“These claims are between the drug company and the individual. We have introduced NHS Resolution – through that process, affected families can seek to resolve issues rather than going through lawyers. The NHS legal team will work out what has happened and try to come to a compromise.

Regarding the indemnities, if there is a Covid-19 vaccine dispute with a particular drug company, and if a claim is found in favour of the claimant and payments ordered, then the drug company will be indemnified.”

- 15. An attendee highlighted the trauma suffered by those patients asked to fill out the VDPS form and mentioned already their patient group has suffered a suicide with the risk of more. The VDPS process also provides for a “very cold rejection”.**

The Minister agreed to meet the attendee to discuss counselling and other measures and will look into ensuring the VDPS is more user friendly.

- 16. The Chair highlighted the Government’s previous position of being highly reluctant to accept that “anyone had suffered one iota of damage” from a Covid-19 vaccination. The Chair stated that there is “still a feeling out there that people who complain of Covid-19 vaccine harm are being gaslighted or deemed to be antivax”. What could you do to try and mend the fences and provide help, through this APPG perhaps, to victims?**

“I would acknowledge that patients feel the approach has been to fight to get the VDPS payment. I want to reassure you that we are listening. The VDPS was set up because people do get adverse reactions to vaccinations. Things can happen to fit, healthy people and that is why the scheme was set up. The sheer numbers of the roll out have not been preceded before. I am happy to come back to further meetings as well and answer some of the questions you have asked. There are some bridges to be built.

We are not currently going to move away from the 60% disability threshold (as it is highly linked to the Department of Work and Pension’s work). I am happy to look at factors such as the amount of the payment itself and would appreciate any information the APPG can submit in that regard, and also to look at extending or suspending the current limitation period of three years for legal claims.

There is no medication in the world that is risk free. That is why we have yellow cards, patient leaflets, and the VDPS system. We want to make this work for those affected and their families.”

- 17. The Chair asked whether we can be assured that there will be no future mandated vaccine scheme, and that ultimately vaccination is for each individual to decide rather than to be pressured or forced into it. The Chair outlined that, at the beginning the vaccine roll out, it was essentially indicated that there would be no reaction at all other than a perfect reaction to the vaccine. The Chair highlighted that the relevant German minister realised he had made a mistake and recently changed his view. Will the Government advise that future vaccine schemes will not be compulsory?**

“Vaccination is always about informed consent, which is a very important principle. At the time, we were in a different place – a pandemic – and people were dying of Covid-19. I do not want to see any medicine use being mandated.”

18. A peer asked how the take up rates for other vaccines are going.

“I gave evidence to the relevant Select Committee last week and we have seen a reduction in people coming forward for vaccines.

There has been a good uptake of the flu vaccine. Childhood vaccination uptake is a little bit lower than pre-Covid (possibly because they have lost contact with GPs during the pandemic). For some programmes, uptake is not where we want it to be.”

19. A peer asked what rationale there is to continue the vaccinations of young children – who is pushing it?

“It is for the JCVI to give recommendations regarding timing of vaccine administration, the cohort and age ranges. We are no longer vaccinating children, only those at a clinical risk and the immuno-compromised. The Spring vaccine roll out will end in the next two weeks. It is unlikely you will see the extra booster programmes that we have had recently.

I am happy to come back to further APPG meetings and will follow up on the points mentioned above.”

The meeting ended at 17:00