

Covid-19 Vaccine Damage Payments Bill  
Volume 738: debated on Friday 20 October 2023  
(10:34:00 Sir Christopher Chope & 11:14:00 Esther McVey)

Second Reading

10:34:00

Sir Christopher Chope (Christchurch) (Con)

I beg to move, That the Bill be now read a Second time.

This is a very serious issue, which I first raised in the House back in the summer of 2021, on 21 June, when I presented what was then called the Covid-19 Vaccine Damage Bill. That Bill was given a short Second Reading debate on Friday 10 September 2021, and at the time I described it as being

“about all those who have suffered injury or even death as a result of enlisting in the war against covid by being vaccinated.”

I went on to say:

“There is a lot more damage being done to our citizens as a result of covid-19 vaccinations than in any other vaccination programme in history. That does not mean...that it is not worth while, and I am...not an anti-vaxxer...but what is important is that, if people do the right thing, they should not be denied access to”

—reasonable—

“compensation”. —[Official Report, 10 September 2021; Vol. 700, c. 630-631.]

Danny Kruger (Devizes) (Con)

I pay tribute to my hon. Friend for his campaign on behalf of so many of all our constituents who write to us expressing concern about the vaccine programme and, in particular, about the injuries scheme. Does he agree that it is very wrong for the media, and indeed colleagues here, to castigate campaigners for the vaccine-injured for being conspiracy theorists, anti-vaxxers and troublemakers? As my hon. Friend says, these are people who took the vaccine in response to a call from Government, and they deserve the support of not only the health service but the Government themselves if they turn out to have been injured by it.

Sir Christopher Chope

I am grateful to my hon. Friend for his generous comments. He himself has been a valuable member of the all-party parliamentary group on covid-19 vaccine damage, and he is right to say that many people—not just our constituents in this country, but people elsewhere—feel that they have been ignored by the powers that be. There is a glimmer of hope, in that during the public inquiry into covid-19, Lady Hallett, when discussing the terms of reference for what is called the fourth module of the inquiry—which will take place next July—seemed very much minded to deal with the issues that my hon. Friend has mentioned and about which I continue to be concerned.

In order to emphasise that this is not just a subject for the United Kingdom, let me mention a book that was published recently. I declare an interest, as one of the contributors. “Canary In a Covid World: How Propaganda and Censorship Changed Our (My) World” is described as

“A collection of essays from 34 contemporary thought leaders.”

In my own essay, I said a great deal about these issues, including about the failure of our own vaccine damage payment scheme to recognise that people had suffered harm and, in some cases, bereavement as a result of the vaccines. We could not, I said, continue to ignore these pressures. It was encouraging to learn about all that is happening in other parts of the world from contributors in Canada, the United States, the rest of Europe, Australia and New Zealand. I have here a House of Commons Library edition of the book, and I am going to return it to the Library, so if any other Members want to have a look at it, they can.

Philip Davies (Shipley) (Con)

I commend my hon. Friend for all the sterling work he has done on behalf of the people who have been injured by the vaccine. May I return him to his point about the covid inquiry and what Baroness Hallett said? I would not want him to give the impression that that means the Government should be able to leave it to the inquiry to deal with this issue, given that it may not produce a full report for many years. People need compensation now. Does my hon. Friend agree that the Government should adopt his proposal—which provides for a much shorter timescale—and get on with it, rather than using the inquiry as a get out of jail card?

Sir Christopher Chope

Absolutely. My hon. Friend has anticipated what I was going to say later, namely that the Government need to take their head out of the sand and face up to the reality that this issue will be debated at the inquiry next year. People with the rights of audience have already made their preliminary statements. Would it not be so much better for the Government to undertake the action set out in the Bill now, rather than waiting for the inevitable next summer?

In a sense, the Government have been found out now: everybody realises that, contrary to the impression given for a long time, for some people—an unfortunate minority—the covid vaccines were very bad news. In some cases, they resulted in deaths and bereavements. The failure to face up to that is at the heart of my concern and led to my producing the Bill. I am grateful to my hon. Friend for sponsoring it.

Unlike many Bills that I have introduced in this place, this Bill has some explanatory notes, so people who look at it can see that what we are asking for is reasonable. It does not need legislation; all it needs is will on the part of the Government to act now and do the things set out in the explanatory notes.

As my hon. Friend said, this is an issue that will not go away, and it is now very much on the agenda. In the meantime, thousands of people have put in their claims, and those claims are being dealt with pitifully slowly. Only about half of them have been assessed. Some of the latest statistics that I have got—it is quite difficult to drill them out of the Government through parliamentary questions—say that, as of 19 September, 221 claims would have been successful on the basis of causation but fell short because they did not meet the 60% disability threshold, and 142 claims have been awarded because they did exceed the 60% threshold. That is 363 cases where it is accepted that the disabilities suffered are as a direct consequence of the vaccine. Is it not interesting that of those 221 claims that fell below the 60% disability threshold, some 116 would have exceeded a 20% threshold? Does that not show that the Government are being unreasonable in sticking to a 60% disability threshold, rather than reducing the threshold in the way that I suggest in the Bill?

In the response to parliamentary question 199355, which I received on 19 September, I was told:

“From 1 October 2021 to 1 September 2023...6,809 claims relating to COVID-19 vaccinations”

had been made under the scheme,

“and 251 claims relating to vaccines for other illnesses”,

including 15 for measles, mumps and rubella.

I think most reasonable people would say that the alarm bells should be ringing very strongly, because almost all the claims that the vaccine damage payment scheme has received in the last two years have been in relation to covid-19 vaccines. There have been hardly any in relation to MMR—15, as against 6,809—and failing to deal adequately with those 6,809 claims is actually undermining the case of vaccine confidence. As a consequence, we are seeing a lower take-up of vaccines. People do not trust the vaccines and do not trust the Government, and their lack of trust is centred around the way in which the Government have responded—or failed to respond—to the vaccine damage that has resulted from covid-19 vaccines. This is a very serious issue.

This is a serious issue. I just hope that the Minister will be rather more forthcoming in her response than she and her predecessors have been in the past. We have not really got beyond the point of the Government accepting that people have died or suffered serious injury as a result of the vaccines.

Philip Davies

I am sure that my hon. Friend will come on to this point, and I do not want to steal his thunder. However, the authorities are now accepting that people have been damaged. They would not be making these payments unless they accepted that damage had actually taken place. Nevertheless, in some cases the compensation being given does not cover the costs of dealing with the disabilities that people have as a consequence. Given how the Government coerced people into taking the covid-19 vaccine, without particularly warning them about the adverse reactions that might happen in some cases, does my hon. Friend think the cost of dealing with the disabilities caused should be covered by the Government in full, rather than up to the arbitrary limit that is in place?

Sir Christopher Chope

Absolutely. In essence, that is what the Bill calls for. At the moment, someone can put in a claim and it is resolved months or years later. Even if they are found to have suffered serious injuries, the maximum payment is £120,000, which is meant to cover all the consequential losses, the cost of care and perhaps the lifetime support that they may need as a result of those injuries.

The Government say, “Don’t worry, you can bring a civil claim in parallel,” but the civil claims that some people are bringing in parallel are being frustrated by Government lawyers. In some cases, months have gone by and then the Department of Health and Social Care has said, “You should be making your claim against AstraZeneca rather than against the Department.” However, essentially that is a claim against the same organisation, because the Government are the indemnifier of any liabilities on the part of the producers of these—at the time—experimental vaccines.

I will quote briefly from a reply that the Prime Minister gave to my right hon. and learned Friend the Member for Kenilworth and Southam (Sir Jeremy Wright) on 22 March this year. My right hon. and learned Friend has a constituent who is a litigant; he suffered four weeks in a coma and has permanent injuries as a result. He has carers, with all the associated costs and loss of earnings, and the £120,000 does not begin to get near the compensation to which he would be entitled under normal circumstances. My right hon. and learned Friend asked the Prime Minister about the £120,000 maximum payment and about the arbitrary 60% threshold, but did the Prime Minister respond to either point? Sadly, he did not. All he said was:

“We are taking steps to reform vaccine damage payment schemes, by modernising the operations and providing more timely outcomes”.—[Official Report, 22 March 2023; Vol. 730, c. 330.]

That was not an answer. It was hardly accurate either, because the outcomes are not timely. Many people have been waiting for more than 18 months for their application to be dealt with. There are many hundreds of applications for which the medical notes have still not been received. The Government, under pressure from me, said that they would introduce subject access requests to ensure that people could get the medical notes. Subject access requests have been put forward, but not in respect of every case. A lot of those requests have been outstanding for more than three months, against a statutory limit of one month. I do not think that the Prime Minister was correct in saying that effective steps are being taken to modernise the operations and provide more timely outcomes.

I turn briefly to what is in the Bill, particularly to link it in with the UK covid-19 inquiry. On 13 September this year, Lady Hallett held the preliminary hearing for module 4 of the inquiry, which, as I have said, will take place in July next year. The issue of the adequacy of the vaccine damage payment scheme will be fully on the agenda for that meeting in July. At the hearing, we heard from legal representatives of some of the groups of people who have suffered vaccine damage. Ms Morris was their counsel. She said:

“The primary causes of these injuries and deaths are: vaccine-induced thrombotic thrombocytopenia, or VITT; vaccine induced vasculitis; stroke; cerebral venous sinus thrombosis; and Guillain-Barré syndrome. Survivors are having to cope with the aftereffects of their injuries, including brain damage and physical disablement, whilst the bereaved are struggling to live without their partners, children or parents. All VIBUK members have a confirmation that their injuries were caused by the Covid-19 vaccine.”

That issue will be debated at the inquiry next year. Ms Morris KC goes on to say:

“In addition to their injury and bereavement, those we represent have also experienced a second trauma: a lack of medical knowledge and understanding about the risk and presentation of vaccine injury has left injured people undiagnosed and without treatment. Furthermore, the prevailing institutional mindset within medical bodies and the government has been fixated solely on acknowledging the benefits of the vaccine. This has led to those reporting vaccine injury to feel disbelieved, unheard and marginalised.”

She goes on:

“Censorship is a very real issue, my Lady for the vaccine injured and bereaved. Their support groups have been shut down by social media platforms and their experiences censored by the mainstream media. They have to speak in code online for fear of having their only source of support taken away from them. They face stigma and abuse for sharing their symptoms in the context of the Covid vaccine and even been branded as anti-vax for sharing very real and medically proven vaccine injuries.”

She then says:

“In August of last year the UK CV Family lost its first member to suicide and a survey of their members reported 73% have considered suicide.”

These issues are going to be debated at the covid inquiry. Why are the Government not doing something more actively now?

Philip Davies

My hon. Friend, as ever, is making a powerful case. Has he had any indication of whether in the covid inquiry—or even his Bill; it was not entirely clear from my reading of it, although perhaps he will correct me—any changes should be made retrospectively, so that cases that had already been considered, either on the disability threshold or maximum compensation, would be revisited in the event of any changes being made?

Sir Christopher Chope

My hon. Friend makes a very good point. My view is that the changes should be retrospective in relation to those whose claims have already been dealt with. The relatively small number of people in respect of whom causation has been established but the disability threshold of 60% has not been met could be dealt with in a routine way.

There is also the bigger issue of whether the £120,000 payment, which has not been increased since 2007, should be updated in line with inflation. When I have raised this with the Minister in the past, she has said she is looking at it or taking into account the points that have been made. It is a blatant abuse. If in 2007 the Government thought that £120,000 was a reasonable payout, why do they now think that a significantly lower sum in real terms is appropriate? The Government are the cause of this rampant inflation, and they are one of the main beneficiaries of it, because they are refusing to index tax allowances in line with inflation.

The Government's coffers are filling up as a result of these inflationary pressures, and yet they continue to be Scrooge-like in relation to people who did the right thing and got themselves vaccinated in the interests of public health but suffered consequences because of an adverse reaction. This is just not good enough. Will the Government listen? That is what I hope will happen as a result of this debate and of the pressure that the Government must be feeling from what will happen at the covid inquiry.

There are other points made in the submissions to the covid inquiry, but what is most important is that Lady Hallett and the counsel to the inquiry have made it quite clear that they will be spending a lot of time looking into these particular issues. No longer will the Government be able to avoid answering questions, as they are able to in this House when we raise questions and they can give us non-answers. They will be facing the cross-examination of the counsel to the inquiry and be held to account for their actions or lack of action. That is why, although the Bill obviously will not get a Second Reading, the Government need to take into account and act on the recommendations in it, because this issue is not going to go away.

I am conscious that other Members want to speak in the debate, so I will just make a couple of other points. If the Government are not prepared to increase the rate at which people can be paid, how are we going to get anywhere? At the moment, people who are sadly victims of the contaminated blood scandal do not have to show 60% disability in order to qualify for compensation. Should there be some equivalence between the compensation that is payable under the contaminated blood inquiry and that which should be paid to those who have become victims of covid-19 vaccines?

If we look at personal injury payouts under the Judicial College guidelines, a 60% disability is the equivalent of an above-knee amputation of one leg. Under the guidelines, that would give rise to damages—just for that trauma—of anything between £105,000 and £137,000. The consequential loss flowing from that—the loss of earnings, the health costs and all the rest of it—would be in addition to that. Does that not just show how paltry these sums are? It makes the case for a no-fault system. Why are we messing around with trying to establish liability? If somebody confirmed as being perfectly healthy has a vaccine and then suffers a lot of adverse consequences, why can we

not accept that, in the absence of any other explanation, it must be assumed that those consequences were as a direct result of the vaccine?

Interestingly, Oxford University's Centre for Socio-Legal Studies has described the Vaccine Damage Payments Act 1979 as a "no-fault compensation scheme". Would that it was. If it was, we would not be where we are now. That is one of the most important issues that should be addressed the Government. Indeed, it is being addressed in other jurisdictions. Let us remember that for years the Government said that these vaccines were absolutely safe and effective—there was no qualification at all. Germany's Health Minister said something similar, but more recently retracted, saying that he had got it all wrong and that although they were safe and effective in most respects, they were not safe and effective for everybody. As a result, Germany is paying out significant sums to people who were adversely affected. Our Government need to address this issue seriously and try to get back on to the right foot in advance of the hearings at the covid inquiry next July. So I ask that the House supports this Bill on Second Reading.

11:02:00

Philip Davies (Shipley) (Con)

It is a pleasure to see you in the Chair, Mr Deputy Speaker. I commend my hon. Friend the Member for Christchurch (Sir Christopher Chope) for not only a tremendous speech setting out his inarguable case, but the ferocious and tenacious way in which he has pursued this matter. He is like a dog with a bone, and I am sure that victims of damage from the covid vaccine are very grateful to have him as a champion for their situation. As he pointed out, I am a sponsor of the Bill and so I support it wholeheartedly. I would also like to encourage him to think about extending about its scope a bit further so that it not only deals with the damage caused by the vaccines, but seeks to try to prevent such damage from happening in the first place. Obviously, once people have been severely disabled or, as in some cases, have died as a result of the vaccine, that is no comfort; we want to prevent this from happening in the first place and some things could usefully be done to try to help in that regard too.

Of course, the authorities love to play down the fact that some people have suffered adverse reactions to these covid-19 vaccines. I am sure many of us have had contact from constituents who have experienced serious symptoms following vaccination. I am talking not about a sore arm, which many people suffered as a result of the vaccination, but about a range of life-changing conditions such as strokes, heart attacks and blood clots, to name a few. My hon. Friend mentioned Anna Morris KC and her submission to the covid inquiry; as she said, these are not normal side effects that anybody would reasonably expect from a pharmaceutical product. I very much hope that, when the Minister responds to the debate, she puts it clearly on the record that she and the Government accept that some people have suffered adverse reactions to the covid-19 vaccine and, in some cases, very serious adverse reactions. In some cases, people have died as a result of taking the vaccine. This is an opportunity for her today to make that clear on the record for everybody to hear. I can anticipate her speech in some regards. She will no doubt say that the vaccine programme was a great success and that it gave the vast majority of people a great deal of benefit. But that is not the point in this particular case, as my hon. Friend said at the start of his speech. Nobody is arguing about that. We are talking about the small proportion of people—it is a large number of people—who have suffered adverse reactions as a result of the covid-19 vaccine. That is what I hope she will address directly in her speech.

Sir Christopher Chope

The point my hon. Friend makes is important. On 1 June 2022, in answer to a question as to whether the Government accepted that some people had died as a direct result of having received the covid-19 vaccine, the Minister's response was that the MHRA published a weekly report

“covering adverse reactions to approve covid-19 vaccines”,

which were available on a following link.

Philip Davies

Quite. My hon. Friend is right, and today gives the Minister the opportunity to make it unequivocally clear that the Government do accept that that has happened. That would be a big step in the right direction and would at least give some comfort to those people who have felt ignored for far too long.

The authorities are of course playing down the adverse reactions that people have had from covid vaccines because, first, they do not want to pay up, as my hon. Friend has set out clearly, and, secondly, it was they who pushed these products so strongly to the public in the first place—or dare I say it, coerced the public into taking them at the time. It was of course coercion when this House, back in July 2021, voted to mandate the vaccine for care workers, resulting in tens of thousands of hard-working carers leaving their jobs. We also came within an ace of mandating the vaccine for all health workers. Just think of the damage that that would have been done, with potentially 100,000 workers leaving the NHS on the back of that.

In December 2021, this House voted for plan B, which introduced vaccine passports for large gatherings, among other things. As we knew then and as we know now, the vaccine does not stop infection or transmission. There was no evidence base for the policy. There was no impact assessment done on the policy. Thank goodness that that ugliness that we saw in this House was short-lived. I was—and still am—proud to have been one of the 126 who voted against that mandation.

People were coerced in other ways. People were told that they were not allowed to go on a flight anywhere unless they had taken two vaccines. They were not allowed to visit anywhere. In effect, everything was done to force people to take the vaccine. Whether that was, in utilitarian terms, a good or a bad thing is neither here nor there with regard to my hon. Friend’s Bill. What is here or there is that, given all of that, when people do have adverse reactions to the covid vaccination—in some cases, very serious ones; in some cases, sadly, people have died—the Government have an absolute duty to pay the appropriate compensation to people when they moved heaven and earth to force them to take it in the first place. In some cases, they forced people to take it against their will—otherwise, they would have lost their jobs. The Government have a duty to do something here. Where we are at the moment is just not good enough.

It is worth noting how shocking the treatment of unvaccinated people became. Our policies led to untold damage to their livelihoods and mental health. Friends and family turned their backs on them, because of the prevailing narrative in politics and the media that they must be bad people for making up their own mind about a personal medical intervention. I think my hon. Friend the Member for Broxbourne (Sir Charles Walker), one of the greatest people in this House, summed it up best:

“suggesting that these people who, for whatever reason...have chosen not to get vaccinated are somehow deserving of our bile is a disgrace. It does not reflect badly on them; it reflects badly on us.”—[Official Report, 31 January 2022; Vol. 708, c. 76-77.]

In black and white on the Pfizer website, one can read important safety information concerning the Pfizer/BioNTech covid-19 vaccine:

“Myocarditis and pericarditis have occurred in some people who have received”

that product,

“most commonly...adolescent males 12 through 17 years of age.”

It goes on to say that the chance of that occurring is “very low”—I am sure the Minister will reiterate that today—but, of course, the chance of somebody of that age suffering serious illness related to covid is very low as well. The Minister might not be so keen to point that out, and Pfizer does not seem to point it out on its website, but we should make that clear, too.

I raise that because—I hope the Minister will address this in her remarks—I have been rather alarmed to hear of a clinical trial for a Moderna mRNA covid vaccine involving healthy children aged 12 and up. That is not something from the past, from during the pandemic; it is happening now. It has been approved by the Medicines and Healthcare products Regulatory Agency and involves the Bradford patient recruitment centre, which is on the edge of my constituency, so some of my constituents could be involved.

I wrote to the Health Research Authority in August to ask what ethical rationale there is for the inclusion of healthy children in the trial, because it is known, and has been for a long time, that healthy children are at a vanishingly low risk of covid-19—they were at the height of the pandemic and they certainly are now. So far, I have not received a coherent answer to that simple question. But it has come to my attention that the centre has been recruiting children for the trial using advertisements that have not been ethically approved, as is required by UK law. Children can be recruited to a clinical trial only if they as individuals have some reasonable expectation of significant benefit when balanced with the risks associated with their participation. Potential benefits for adults that may flow from a trial are not a good enough rationale and do not trump that principle.

So, given that there cannot be any expectation of significant benefits for a cohort of people who are not at significant risk, what is going on here? Why are those decisions being made? It comes back to where I started: the authorities seem completely unable, and in some cases unwilling, to protect people—in this case, children—from potential harm. The cost-benefit analysis, if it has been done—I am not sure that it has—certainly does not appear to stack up.

I will finish by commending the recommendations of my hon. Friend the Member for Christchurch in the Bill. The Government have a duty of care to the people who have been injured by or lost loved ones to the vaccine, which they took because the Government pressured them into doing so. The Government also have a duty to prevent harm from happening in the first place. Failing to act on this will only lead to more harm and further damage to the public’s trust in authority. I hope that the Minister will, in summing up, refer to what is happening in Bradford and explain why that particular trial has been allowed to go ahead.

During the pandemic, the authorities did not go big on warning people of the potential damage or adverse effects of the vaccine; they were just interested in coercing as many people as possible into taking it. They must accept responsibility for those who have done the right thing but faced damage as a result. I hope that the Government will put that right today.

11:14:00

Esther McVey (Tatton) (Con)

I, too, thank my hon. Friend the Member for Christchurch (Sir Christopher Chope) for introducing the Bill, for the work and research that has gone into it, and for his reaching out and speaking to people about it. At the tail end of his speech, he talked about the phrase “safe and effective”, and I will start my speech there.

“Safe and effective” became the covid vaccine catchphrase—we will call it that—and it was repeated so many times over that couple of years. It cropped up everywhere: in Government communications, in interviews with experts and across a media that was only too happy run with that covid slogan—safe and effective. So ingrained did it become in the national psyche that to ever ask questions about the covid vaccine became very difficult to do indeed. Asking questions is a vital part of scientific and political debate. However, when discussing covid, we no longer appeared to be dealing with science—oh, no, Mr Deputy Speaker—rather, we were dealing with “the science”. To question “the science” was to risk being called and labelled a “covidiot”, or that most poisonous of terms “anti-vaxxer”. People who just wanted to query this new vaccine were closed down and vilified.

I looked up the definition of “anti-vaxxer” and was surprised to learn that it is someone who opposes the use of some or all vaccines, regulations mandating vaccination, or usually both. There were 246 of us in this House who, on 13 July 2021, voted against mandating the vaccines for care workers. That is 246 anti-vaxxers in this House, according to the latest definition. That is absolute nonsense. People were not anti-vaxxers. Other people have been concerned that families are losing faith in other vaccines because of the way that they were treated over the covid-19 vaccine. There have been drops in the take-up of the MMR and polio vaccines, which is wrong; people need to take those vaccines. But all Members in this House wanted to do was to question the new vaccine, and to have a debate on it, particularly when the House wanted to mandate it for people and for care workers.

My point is this: if we allow language to be corrupted in this way, and definitions of words to be bent out of shape, we lack the tools for nuanced debate. It is only by having a wide and open debate that we get to the central gravity of truth. We have not had anything like a wide and open debate on the topic of the safety and efficacy of the covid-19 vaccines.

I come back to the word “safe”, which means free from harm or risk of any kind. It is a word with an absolute definition. It is not to be qualified or diminished, yet we know that, like all medical interventions, the covid-19 vaccines are not 100% free from risk or danger. That is why the blue guide, a document published by the MHRA that gives detailed guidance on them legislation controlling how medicines are advertised in the UK, says:

“Advertising which states or implies that a product is ‘safe’ is unacceptable. All medicines have the potential for side-effects and no medicine is completely risk free as individual patients respond differently to treatment.”

That principle is replicated in the UK pharmaceutical industry’s own self-regulatory code of practice, which also states that the word “safe” must not be used without qualification. On that basis, and worryingly, both Pfizer and AstraZeneca are guilty by their own industry’s self-regulatory code of breaking their own best practice. They were found to have misled the public both by misrepresenting and overstating the efficacy of the covid vaccines and erroneously describing them as “safe” in press releases and on social media without qualification. How many other organisations and individuals are also guilty of misleading the public in that way?

We were told that AstraZeneca vaccines were perfectly “safe”—that word again—and that there was no evidence of blood clots. But the advice was changed on 7 April 2021 so that those under the

age of 30 would be offered an alternative brand, due to the now proven link with blood clots. The advice then changed again so that the under-40s would be offered an alternative brand. A safety signal was picked up and acted on—thank goodness—but in Denmark the problem was picked up much sooner. It paused the use of the AstraZeneca vaccine on 11 March 2021, after it had vaccinated 734,000 people. At the same time, 24 million people had been vaccinated in the UK, without the MHRA detecting a signal of a problem. Why were we so far behind the curve? Was it because debate had been closed down and people were not allowed even to question what was going on?

What about mRNA vaccines? In Florida last year, the state surgeon general recommended against males aged between 18 and 39 receiving mRNA covid-19 vaccines of any brand. My question is: what evidence was Florida reacting to, and is the MHRA urgently looking into whether we should be following suit here?

In July 2020, the Government published the “First Do No Harm” report, which highlighted significant problems. It stated:

“The MHRA needs substantial revision, particularly in relation to adverse event reporting and medical device regulation. It needs to ensure that it engages more with patients and their outcomes.”

It also stated:

“The spontaneous reporting platform for medicines and devices, the Yellow Card system, needs reform”,

and that the

“system is not good enough at spotting trends in practice and outcomes that give rise to safety concerns.”

What has been done since that report was published just over two years ago? Have these concerns been heard and acted on?

Dame June Raine, the head of the MHRA, recently said that the covid pandemic

“has catalysed the transformation of the regulator from a watchdog to an enabler”,

which does not exactly sound like good news for anyone concerned about safety.

Ultimately it comes down to this: the Government repeatedly told the public that covid vaccines were safe, and for many—probably the vast majority—they were, but plenty of people have suffered as a result of their decision to follow the Government advice and take this new medical intervention. Some have tragically lost their lives and, as was noted last month at the covid inquiry by Anna Morris KC, victims and their families have been marginalised and

“face stigma and abuse for sharing their symptoms...and even been branded as anti-vax for sharing very real and medically proven vaccine injuries.”

This is really quite unacceptable.

It is way past time that the Government do the right thing and follow the recommendations of my hon. Friend the Member for Christchurch. It has been shocking to hear how slowly the vaccine

damage payment scheme has been operating. Applicants are having to wait months. We heard from the solicitor Peter Todd at a recent hearing of my all-party parliamentary group on pandemic response and recovery. He described how 139 applicants have been waiting for more than 18 months for a decision on their case. This is excessively long, especially when people are injured and potentially unable to work. We were also told that 162 claims were found to have had disablement caused by the vaccine, but it was judged that those people were just not disabled enough to merit a financial reward. In many of those cases, the decision was reached without a doctor meeting or even speaking to the applicant to help with the assessment. In the rare cases that money has been awarded, the payment has not changed since 2007, as my hon. Friend has said, so its value has been eroded by inflation, which simply is not good enough.

In conclusion, I will make a plea for transparency and integrity. It is time to be honest with the public about the safety of these vaccines, and we must start by giving them access to information and data without further delay. We must also, as an urgent priority, look after those who have been damaged, or those who have tragically lost loved ones. We may then begin to restore the faith that has undoubtedly been lost in the authorities responsible for protecting and promoting public health. There are many unanswered questions and the repetition by Ministers of those three words—“safe and effective”—is simply not a good enough answer, for all the reasons I have just given, so I am delighted to support the Bill introduced by my hon. Friend the Member for Christchurch.

11:24:00

Abena Oppong-Asare (Erith and Thamesmead) (Lab)

I congratulate the hon. Member for Christchurch (Sir Christopher Chope) on securing Second Reading of the Bill. I thank the right hon. Member for Tatton (Esther McVey) and the hon. Member for Shipley (Philip Davies) for participating in the debate. I have listened attentively to the issues they raise.

I will begin by setting out Labour’s position on the matter. We believe that the covid-19 vaccine is safe and effective. It has saved countless lives, not only in Britain but across the globe. Over the course of the pandemic, over 230,000 people across the UK died with covid-19. Therefore, it is important we do not understate that getting a vaccination has been, and continues to be, the single most effective way to reduce deaths and severe illness from covid-19.

Andrew Bridgen (North West Leicestershire) (Reclaim)

rose— Members from across the House will be aware that all vaccines go through extensive and ongoing testing procedures. The covid-19 vaccines went through multiple stages of clinical trials before being approved. [Interruption.] The vaccine has met strict independent standards for safety, quality and effectiveness.

Andrew Bridgen

On that point, will the hon. Lady give way?

Abena Oppong-Asare

I will not.

Mr Deputy Speaker (Sir Roger Gale)

Order. It is entirely up to the hon. Lady whether she gives way or not, but Members should not walk into the Chamber three quarters of the way through a debate and then seek to intervene.

Abena Oppong-Asare

It is important for me to set out Labour's position on the matter. Without the vaccine and the work of scientists, volunteers and NHS staff, we would not have been able to end the lockdowns and return to our daily lives. I am sure we all agree on that. Therefore, the shadow health and social care team remain extraordinarily grateful to all those who have worked so hard to build and roll out the vaccines across the UK.

However, while the covid-19 vaccination programme has been hugely successful, there have been some extremely rare cases of people sadly suffering side effects and deteriorating health with possible links to covid-19 vaccines. While serious and adverse events are rare compared to the number of doses administered, when they do occur, they can have unexpected and life-changing implications.

It is therefore right that our healthcare system and this Government do all they can to improve the diagnosis and treatment of those who have suffered from this. The yellow card scheme already collects and monitors information on suspected safety concerns, and a dedicated team of scientists reviews information to monitor the vaccine roll out. I encourage everyone to keep using that scheme, to ensure that information can be collected.

Where vaccine damage tragically occurs, it is right that individuals and families can access the vaccine damage payment scheme. It is important that that scheme is fit for purpose and that the Government act to make that happen. There have been reports of operational delays within the vaccine damage payment scheme. Those reports suggests that hundreds of people have been waiting over 12 months for an outcome, with some waiting more than 18 months.

In fact, following a question about the VDPS earlier this year, the Prime Minister vowed to improve the scheme, so I will be interested to hear from the Minister about the Government's response to tackling those delays. Will the Minister confirm that the Government believe that the scheme is fit for purpose and whether they plan to update it? Will the Government assure us that the NHS Business Services Authority has the capacity to process applications to the VDPS in a timely manner? I urge Ministers to meet and engage with affected individuals and their families to look at ways to improve diagnosis and treatment and at how claims under the VDPS can be addressed more quickly.

Sir Christopher Chope

On that point, will the hon. Lady give way?

Abena Oppong-Asare

I will, but the hon. Member has spoken at length already.

Sir Christopher Chope

I am grateful to the hon. Lady for giving way. Does the Labour party believe that the vaccine damage payment scheme is fit for purpose, or does it not believe that?

Abena Oppong-Asare

As I have said, I have asked the Minister to meet members of the families who are directly affected to see whether there are ways to improve the scheme, and how that could be addressed more quickly. That is the best step forward, and we need to listen to individuals regarding tailored support and where it needs to be improved.

Finally, it would be remiss of me not to join colleagues in calling out the scourge of vaccine misinformation. Getting a vaccine is so important, especially for those who are most vulnerable. We must ensure that all vaccine misinformation is debunked, and that the most important message, that

the vaccine is safe and effective, is shared. I hope the Minister will echo my remarks on the danger of misinformation. Getting a vaccination is too important for the health of this nation—indeed, this world—to be playing fast and loose with the facts. Although the Opposition do not support the Bill, we hope that the Government will tackle the issues that I and other hon. Members have raised, and address whether further action is required.

11:31:00

The Parliamentary Under-Secretary of State for Health and Social Care (Maria Caulfield)  
I congratulate my hon. Friend the Member for Christchurch (Sir Christopher Chope) on securing the Second Reading of this Bill. This is an important issue, and I thank him for the tone in which he has conducted the debate and for his sentiments at the start, when he said that this is not about being anti-vaccination. As my right hon. Friend the Member for Tatton (Esther McVey) indicated, vaccination is a crucial part of our armour in dealing with disease across the world. The Bill is specifically about the covid vaccination and I advocate, as did the shadow Minister, that after clean water, vaccinations are the most effective public health intervention in the world in terms of saving lives and promoting good health.

The flu vaccination, which is being rolled out as we speak, will enable many people to be healthy over this winter and avoid hospital admission. The HPV vaccination for preventing cervical cancer, which is rolled out to young girls and boys in our schools, has the potential to eradicate cervical cancer in future, and we must remember that vaccination has a powerful role to play in the health of our nation. Globally, we have one of the best immunisation programmes around the world, and it is important to pay tribute to all those staff who take part in vaccinations programmes and make them such a success.

Let me turn to the covid vaccination. The UK was at the forefront of tackling covid-19 through the vaccination programme, and it was the first healthcare system in the world to deliver the covid vaccination outside clinical trials. We should be proud of that. As the shadow Minister said, it was one reason why we were one of the first countries to lift restrictions, because of our success in covid vaccination. On the point made by my hon. Friend the Member for Shipley (Philip Davies), I am happy to go on record and say that although covid vaccines have saved tens of thousands of lives, unfortunately there have been extremely rare circumstances where individuals have, very sadly, experienced harm and difficult circumstances, following a covid vaccination. Thankfully, such cases remain rare, but that does not reduce the impact on those individuals who experienced that and their families. I am sure the whole House will join me in expressing concern for those individuals who suffered such harm, and their families.

Vaccination remains the best way for individuals to protect themselves and others from the impact of covid-19. We have done the right thing by encouraging people to have the vaccine, to protect both themselves and other more vulnerable members of society.

Philip Davies

I am grateful for what the Minister has said, but I think that the people who, as she acknowledges, have suffered harm and damage from the vaccine—they were coerced into taking it in one form or another—would probably prefer more than just sympathy and concern from people in the House. What they really want is proper compensation. Will she therefore take on board what my hon. Friend the Member for Christchurch (Sir Christopher Chope) said and ensure that people are adequately and properly compensated for the damage done to them? Will she at the very least ensure that the maximum amount that can be paid out rises in line with inflation?

Maria Caulfield

I will come to those points shortly. All medicines have risks and side effects—even simple paracetamol, which is taken safely by the vast majority of people, can have serious side effects for some—and it is no different for the covid vaccine. That is true of all vaccinations, and that is why we set up the scheme specifically for vaccinations in the first place.

The Government cannot support the Bill's proposals to make provision about financial assistance specifically for those who have had a covid vaccination. The scheme as a whole is to support anyone who has had side effects to a certain level of impairment from any vaccination, and it would be wrong to single out covid-19 for a separate scheme. The Government already provide long-standing mechanisms to offer financial assistance to individuals suffering disablement following vaccination in the form of the VDPS.

Just to clarify, the VDPS is not a compensation scheme. It was established in 1979 to provide a one-off tax-free payment to individuals who had been found on the balance of probability to have been harmed by a vaccine listed in the Vaccine Damage Payments Act 1979. In December 2020, covid-19 was added to the scheme to ensure that those who had severe disability found to be linked to the covid-19 vaccine would receive support through this tried and tested system.

The Government's current focus is on scaling up the scheme's operation by the NHS Business Services Authority, which took over its running in November 2021 from the Department for Work and Pensions, because we felt it was better placed to access patient notes and to improve timeliness. We have seen a significant improvement in trying to process claims, which I will come to.

The Bill also asks the Government to report on the merits of a no-fault compensation scheme for covid-19 vaccine damage. Establishing a dedicated stand-alone scheme would risk favouring those who, in extremely rare circumstances, have sadly experienced harm following a covid-19 vaccine above those harmed by other vaccines, which, again, does happen in rare circumstances. That would create inequality between vaccines, which could be damaging to other vaccination programmes.

Another element of the Bill is to question whether there should be an upper limit on the financial assistance available. It is important to reiterate that the VDPS offers a one-off lump sum payment. It is not intended to cover lifetime costs for those impacted. The amount has been revised periodically by statutory sums orders. The initial payment when the scheme was set up in 1978 was £10,000. It has been reviewed several times, with the current amount set at £120,000 as of July 2007. The award should be considered in addition to the Government's support package for those with a disability or long-term health condition, which includes statutory sick pay, universal credit, employment and support allowance, attendance allowance and personal independence payments.

Philip Davies

The Minister says that the figure has been reviewed periodically and that we are now at £120,000. She just said that it was last reviewed in 2007, which was 16.5 years ago. Does she not think it is time for another periodic review?

Maria Caulfield

My hon. Friend makes a point. A review of the limit is not just down to the Department of Health and Social Care. I went to a meeting of the all-party parliamentary group chaired by my hon. Friend the Member for Christchurch, where that question was asked. Of course, we will look into that, but I cannot give a commitment at the Dispatch Box today. We will keep it under review as part of ongoing business and cross-Government discussions.

Finally, I turn our opposition to adjusting the criteria for disability. I recognise that some hon. Members who have spoken would prefer the level of disability for the scheme to be assessed on a

sliding scale. However, assessing it on that basis would run counter to the intention behind it, namely to provide a one-off lump-sum payment.

The current scheme eligibility of 60% disablement is in line with the definition of severe disablement set out by the Department for Work and Pensions in “Industrial Injuries Disability Benefit”, which is a widely accepted test of disability and puts it in line with many other assessments across the board. Very few claims are rejected for not reaching the 60% disability threshold, and in the event that an application is turned down on that basis, there is also the option for claimants to appeal against the decision and provide additional evidence. We will continue to review the latest data on covid-19 to ensure that when decisions are reviewed, the reviewed decisions are based on up-to-date evidence. When I spoke to the APPG, concern was expressed about the time taken to appeal against decisions. I have given a commitment that if an appellant has been waiting for a significant time, I shall be happy to follow it up if the APPG contacts me about any individual case.

The Bill asks for an adjustment of the provisions on awarding payments to include all cases in which there is no other reasonable cause for death or disablement. Such an amendment to the scheme would not be beneficial at this time, because the payments are awarded on the basis of causation on the balance of probabilities. As the criterion for the scheme is already established and is being applied by medical assessors to conclude the remaining covid-related claims, any such amendment would risk further delaying outcomes for all claimants, including those most in need.

A number of questions have been asked this morning, and I have tried to answer as many as possible. My right hon. Friend the Member for Tatton (Esther McVey) asked about the MHRA. I hope I can reassure her by saying that following the Julia Cumberlege report “First Do No Harm”, there have been significant changes at the MHRA. I am pleased that it reviewed the AstraZeneca vaccine and made two changes based on evidence, but I can give reassurances about other medicines as well. The MHRA has had a significant influence on the recent statutory instrument concerning the use of sodium valproate, which is used mainly for epilepsy but can cause harm during pregnancy. There have been a number of such pregnancies. The MHRA met campaign groups such as In-FACT—the Independent Fetal Anticonvulsant Trust—and as a result of its influence, the SI provides that sodium valproate can be dispensed only in the manufacturer’s original packaging, so that women are aware of the risks. That is an example of the way in which the MHRA is changing. As Dr June Raine said, it is not just a regulator now; it is part and parcel of the patient safety framework around medicines. I hope that that provides some reassurance.

Esther McVey

Is my hon. Friend as concerned as I am that the head of the MHRA has said that the covid pandemic catalysed the transformation of that regulator from watchdog—which it should be—to enabler? It has shifted its purpose significantly.

Maria Caulfield

I cannot speak for Dr June Raine, but I can say that I take “enabler” to mean “enabler of patient safety”. The fact that, in a number of cases, the MHRA has stepped in means that it is advocating for patient safety and is not simply a body that processes applications for clinical trials or runs a yellow card system. It is willing to meet a range of groups, and indeed I suggested that the APPG invite it to one of its meetings.

Let me briefly touch on the issue of claims. As I said earlier, we have moved the scheme from the DWP to NHSBSA. The point of that was to speed up the claims, because the limiting factor in terms of turnaround time is obtaining clinical notes, and NHSBSA is much more able to gain access to

them than the DWP. We have introduced the subject access request so that there is just one consent form to get notes from a variety of sources, from primary care through to secondary care.

To update Members on the latest figures, as of 6 October, 7,574 covid claims have been made to the vaccine damage payment scheme. Of those, 3,593 have been processed, with 149 having received a payment. On average, it is taking six months to investigate and process claims. Some will be outside that because of difficulties getting their clinical records, but the average is six months.

Sir Christopher Chope

Is my hon. Friend looking forward to the Government giving evidence to module 4 of the UK covid-19 inquiry? In particular, is she pleased that the inquiry will be looking into whether the VDPS is fit for purpose?

Maria Caulfield

The Government are always happy to give evidence to the inquiry. My hon. Friend makes a good point. I have had correspondence from constituents and from people around the country asking for the covid inquiry to cover vaccines, too. We have talked today about transparency and about being able to have an open and honest dialogue on vaccines. My right hon. Friend the Member for Tatton is right that to give confidence to vaccine programmes, people need to be able to raise concerns, to raise it when they have had an adverse event and to feel confident that those things will be investigated and not brushed under the carpet.

Philip Davies

I felt that the Minister was coming to a close. Before she does, I want to raise the point I made in my speech about the clinical trial involving children and a Bradford patient recruitment centre. I do not expect her to give a definitive answer now, given that I have just raised it, but will she give me a pledge that she will look into this matter, take on board the comments I have made and write back with her thoughts about what is happening with that trial?

Maria Caulfield

Absolutely. I will finish my points to my hon. Friend the Member for Christchurch and then come back to my hon. Friend the Member for Shipley. It is for the inquiry to decide what it investigates, but it would be helpful for vaccines to be discussed at the inquiry, so that people can put their concerns forward and so that we have a thorough look at the vaccine programme. That will enable us to learn lessons for the future, should we ever need to roll out a vaccine programme on that scale ever again.

To touch on the point made by my hon. Friend the Member for Shipley, I worked in clinical trials before I came into this place, and there are strict rules about posters advertising clinical trials, particularly for children. I do not know the details of the particular trial he is talking about, but if he has concerns about how it is being recruited to, that is a matter for the MHRA. I suggest that he contacts the MHRA, or I would be happy to discuss it with him after the debate.

Esther McVey

That point goes back to what I said about the MHRA moving from watchdog to enabler. I would like the role of that watchdog to be looked at.

Maria Caulfield

I hear that loud and clear from my right hon. Friend. I would just say that when advertising and recruiting for a clinical trial, any posters—I have not done this for a couple of years now—would usually have to be submitted to the MHRA for approval, and it is important to know whether that has happened in this case. We can certainly look at that after the debate.

To close, my hon. Friend the Member for Christchurch has made some good, valid points about the safety of vaccines and about encouraging people to come forward. We want people to come forward if they feel they have had side effects from the vaccine. It helps build up the profile and enables better decision-making for the future. He also made points about the vaccine damage payment scheme. We recognised that the process was taking too long, and that is why we moved it from the DWP to the NHS. We recognised that there were multiple requests for access to patient notes, which is why we brought in the subject access request forms. We want to ensure that those who have, on rare occasions, experienced side effects can access the scheme. Unfortunately, we cannot support the Bill at this time, because our focus must remain on improving the operation of the scheme and continuing to process claims as quickly as possible, but I very much welcome the debate today.

Madam Deputy Speaker (Dame Eleanor Laing)

With the leave of the House, I call Sir Christopher Chope.

11:49:00

Sir Christopher Chope

We have had a preview of the Government's response to the UK covid-19 inquiry module 4, which will take place next July. All I can say is that I hope the Government improve their performance before then, because I do not think the arguments put forward today will be very well received. Basically, the Government are saying, "It's all hunky-dory. There have been a few delays, but we are sorting that out. We are not going to change anything, whether in relation to the £120,000 limit, the eligibility criteria, the 60% disablement threshold or all the rest of it. And don't worry, the vaccine damage payment scheme deals with other vaccines as well." That was how the Minister started her response. She said there were other claims being made under the vaccine damage payment scheme, but I do not think she has really comprehended—or certainly did not give an indication that she comprehended—the gravity of the difference. She talked about the importance of flu vaccines. There have been, between 1 October 2021 and 1 September 2023, 35 claims under the vaccine damage payment scheme in respect of flu, nine claims in respect of HPV, and 6,809 claims in respect of covid-19. Surely the Minister can see there is a disparity between those figures.

Maria Caulfield

I did not address the point my hon. Friend made on that. The difference is that around 93% of the population received at least one dose of the covid-19 vaccine—tens of millions of people. HPV and flu vaccines are targeted at a much smaller group; they are not open to the whole population. That is why, naturally, we will see fewer claims coming forward.

Sir Christopher Chope

If that is the explanation, I am sure that also covers the fact that only 15 cases have been referred to the vaccine damage payment scheme in relation to MMR vaccines, compared with 6,809 in relation to covid-19. If the Minister thinks they are all equivalent then so be it, but all I can say is that the evidence suggests otherwise and there are serious questions now about whether the VDPS is fit for purpose. That is why it is great news the inquiry will be looking into that issue.

Philip Davies

Was my hon. Friend disappointed with the Opposition response? They are usually all over real-terms cuts like a rash. Any time there is any hint of a real-terms cut, the Labour party is blasting about it at every opportunity. On this, we have had no increase in the payment for 17 years—that must be a world record real-terms cut—yet the Labour party did not seem to have anything to say about whether it should be increased.

Sir Christopher Chope

I share my hon. Friend's concern, but that was not the only aspect of concern I had about the response by the hon. Member for Erith and Thamesmead (Abena Oppong-Asare). It seemed to me that she was still, essentially, refusing to accept that people have died as a result of taking covid-19 vaccines and that many more have suffered severe injury or other adverse health effects. The Opposition are concentrating all the time on the benefits of vaccines without seeming to recognise the importance of looking at those people for whom vaccines were not beneficial.

Esther McVey

Was my hon. Friend also concerned that, after I had spent quite a long period of time questioning the "safe and effective" covid-19 vaccine mantra, the first thing the Opposition spokesperson said, without any qualification, was "safe and effective"?

Sir Christopher Chope

The Opposition spokesman was telepathic in the way in which she picked up on my right hon. Friend's phrase. I am not quite sure whether the Opposition spokesman really appreciated the connectivity between the two. The issue about "safe and effective" is this. I can remember that when I got my first vaccine, the little piece of paper we got said, without any qualification, that it was safe and effective. Exactly the same thing has been identified in Germany. It has only been subsequently that we have been getting the qualifications so that people are now able to make a more informed judgment about whether—

Madam Deputy Speaker (Dame Eleanor Laing)

Order. Perhaps the hon. Gentleman has forgotten that he is now speaking for a second time with the leave of the House. This is not a speech, but just a short wind-up. I have indulged other Members here in order to facilitate the debate, but we must stick to the rules.

Sir Christopher Chope

Absolutely, Madam Deputy Speaker. I certainly would not want to talk myself out of further business today.

May I conclude by saying that I am most grateful to my right hon. Friend the Member for Tatton (Esther McVey) and my hon. Friend the Member for Shipley (Philip Davies) for being co-sponsors of the Bill and for their contributions today? I also politely thank the Minister for what she has said and for her willingness to continue engaging with the all-party parliamentary group. She came along to a meeting and answered lots of questions, and she has volunteered to take forward individual cases of people who feel that their questions have not been properly answered in good time.

Madam Deputy Speaker, this debate could go on for ever.

Madam Deputy Speaker

Order. Let me make this absolutely clear. I am in the Chair: this debate cannot go on for ever. I know that the hon. Gentleman is soon going to conclude.

Sir Christopher Chope

Exactly. I meant that the debate could go on in the sense that it will still be going in July next year, when module 4 is discussed. In the meantime, I think it would be best if I sought the adjournment of this debate so that there is scope to take it further on another occasion.

Ordered, That the debate be now adjourned.— (Mr Mohindra.)

Debate to be resumed on Friday 27 October.