



Sophie Coppel

10/02/2006 14:33

To: Jonathan Stopes-Roe/HP-SL/DOH/GB [GRO-C]

cc: Eileen Lawrence/PH5/DOH/GB [GRO-C] Rowena

Jecock/PH6/DOH/GB [GRO-C]

bcc:

Subject: Article re. vCJD Trust - based on FOI documents released under request DE00058389

Jonathan

It seems that we should expect two negative stories regarding the vCJD trust in the Mail on Sunday this weekend.

The journalist has outlined the main arguments in her pieces in the email below, most of her information comes out of an FOI. She has asked for a general comment on the first story and has a couple of additional questions. I think it is unlikely that we will be able to do anything in the SofS's name but would be keen to get a DH statement to her in response, as well as answering all that we can.

The MoD also tipped me off that James Meikle has been in contact about John Reid's comments around cjd and Gulf War syndrome. They are sending over the position that they gave him.

If you could get back to me as soon as possible this afternoon that would be great.

Sophie

Sophie Coppel

Press Officer

Public Health Minister - Caroline Flint

Department of Health Media Centre

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[GRO-C]

----- Forwarded by Sophie Coppel/COMMS/DOH/GB on 10/02/2006 14:22 -----



eleanor.mayne [GRO-C]  
[GRO-C]

10/02/2006 14:20

To: Sophie Coppel/COMMS/DOH/GB [GRO-C]

cc:

Subject: Article re. vCJD Trust - based on FOI documents released under request DE00058389

Dear Sophie,

We are planning to run two articles this weekend about the management of the vCJD Trust, based on documents obtained through a request under the Freedom of Information Act. I would obviously like to include comments from the Department of Health.

I've attempted to summarise the content of the articles below. Sorry it's rather wordy - I have tried to be comprehensive.

The "top line" of the first article is that while it was recognised by early 2003 that administrative costs were high, adequate action was not taken and costs have remained high to date.

The specific issues mentioned are as follows (document references refer to FOI release):

\*\* The Department of Health (DoH) raised concerns over the high costs of the scheme within one year of its formation in March 2002.

\*\* A meeting was not arranged between the Health Secretary and Sir Robert Owen until two years after the Trust's formation - and even then it was

suggested that the meeting should be with a more junior DoH official (DOC53)

\*\* While the Trustees claimed that the Trust Deed was problematic because of its complexity and that this was exacerbating costs, the DoH repeatedly denied that this was an issue.

\*\* DoH officials partly blamed Trustees for the delays and high costs - for failing to use their discretion to make decisions in difficult cases.

(Briefing report, May 2004 - DOC50)

\*\* They also blamed Charles Russell in part - "Charles Russell have been making copious requests to the families and their advisors for cases to be further investigated and for additional information to be provided. Delays and an escalation of costs have resulted". (DOC50)

\*\* The DoH solicitors suggested that Trustees should return incomplete claims in order to save costs, and that further changes to the Trust Deed - sought by Trustees - were "undesirable" (DOC28)

\*\* The DoH accused Charles Russell of being "misleading" in a letter sent to the families in the wake of the BBC Newsnight report of May 2004. This letter was strongly rebuking in tone and stressed that concerns had been raised by the Department of Health over administration of the Trust.

(Letter 21May2004 - DOC49)

\*\* The high administration has had the potential to impact on claim payments - (DoH solicitors letter 7 March 2003) - "We all recognise that the costs involved must be met from funds primarily earmarked for the payment of compensation and so we do need to give careful consideration to the marked imbalance that there currently seems to be between costs and compensation." (DOC 28)

\*\* At a meeting with Dr Reid in October 2004, Sir Robert Owen discussed the need to cap payments from the discretionary fund. (DOC61)

\*\* A civil servant mentioned in an email that : "It is worth noting that CR actually fulfil two functions: trust manager and Trust solicitor. The trustees could have perfectly reasonably have appointed a non-lawyer to undertake the former function. However it is perhaps not surprising that a High Court judge should choose a firm of solicitors to do both jobs". (DoH email 21 Sep 2004 - DOC57)

\*\* DoH initially suggested that alternative tenders should be sought after the first year of Charles Russell providing administrative support. (Email 23/1/02 - DOC4).

Aside from a general comment on these points, I have a couple of specific questions:

1. Can you confirm whether the contract for Trust secretariat was put out to tender after the first year of Trust operation - as suggested in the email mentioned above.

2. Why was it two years after the Trust formation before Sir Robert Owen met with the Secretary of State to discuss its operation?

Our second article relates to comments made by Dr John Reid, then Secretary of State for Health, at a meeting with Sir Robert Owen in October 2004. A transcript of the meeting was subsequently circulated to trustees and Dr Reid by Sir Robert (see DOC61). During the meeting, Dr Reid made the following comments:

- "I recognise this from my experience in Northern Ireland. If you set up a scheme like this, all those entitled will go for all possible claims. It is Gulf War victims all over again."

"....It is ironical that the small fund is causing the problem because of the discretion which it gives, encouraging an endless number of claimants. The definitions are a recipe for arguments and costs. One hundred and seventy claimants all with relatives, all told that they will get extra and of course you get everyone claiming for this. Lawyers are encouraging them. Whoever drew up the scheme no doubt had legal expertise but little common sense."

"What about the psychiatry? Similar circumstances to those seen in Northern Ireland and with Gulf War veterans. Not such a thing as Gulf War syndrome. A lot were Post Traumatic Stress Disorder. I recall receiving a telephone call at 3am from someone distressed and understand the nature of these claims."

Dr Reid also suggests that if given the chance, families would take their sick relatives to France in order to claim more money. He is very clear about the complexity of the Trust Deed document, which he likens to a "divorce settlement".

Many of these remarks are perceived as offensive to families of vCJD victims. I am contacting Dr Reid separately, but wanted to give the Department of Health the opportunity to comment. Were Dr Reid's comments the official line? Does the department accept that the Trust Deed document was problematic?

If you need more information, please let me know. If possible, we would like a comment in Patricia Hewitt's name.

Regards,  
Eleanor

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GRO-C