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Department of Health
Wellington House
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1 February 2006

Dear Jonathan

The vCJD Trust

Thank you for your recent letter responding to my letter of 16 January 2006.

As you say, that letter covers a great deal of ground and your response gives the Department's view of its ability to act in the problems identified.

Responding to your three main points.

1. Costs issues

It does seem to me that there is a danger of circularity in the stance you seek to take. Internal papers at the Department of Health will probably be able to shed some light on the issues that I have raised (and raised directly with Alan Milburn at the time when the Scheme came into effect) and which could clarify the appropriate interpretation for the Trust. I do not think that this amounts to giving guidance to the Trust about the way in which they exercise their discretion; it is merely a matter of giving them guidance about the factual discussions that preceded the coming to effect of the Trust. I am sure that this will be a worthwhile exercise.

You are right to say that Anita James wrote to us on 2 December 2005 with copies of the payment records from the Department of Health. Unfortunately these records are inadequate to enable us to trace the payments made because they only have the Department of Health's unique reference number upon them and they do not identify in any way the payment represents on behalf of either the Interim Payments Trusts or the vCJD Trust itself. Accordingly, there needs to be an audit exercise carried out by one of your cashiers to attribute those payment records back to the intended recipient. I am sorry but we do need to have a cashier given this job of attribution, without this, we will be unable to finalise our accounts for clients on whose behalf claims have been long completed.

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2. Streamlining the Trust's work

Whilst the Department will not wish to direct the Trustees as to the procedures they adopt, I am sure that you will have sufficient opportunity when you meet Richard Vallance to express views about these issues. As Irwin Mitchell is the predominant user of the Trust's procedures it may be that our perceptions are of assistance to you.

I am sure that the observations that I have made about the **cost** of the implementation of these cumbersome systems may be of assistance to you in these discussions.

3. Psychiatric injury

I am well aware that the Department of Health oversees 'a large complex and wide-ranging programme of research into health and social care issues' and I am also aware that there is a need to prioritise research into this topic.

I think it would be thought surprising if the Department of Health were not to take this matter into account and to establish research along the lines that I have indicated simply because the study is of a tractable size and the consequences that I have described are amongst a group of people who could readily co-operate with a researcher who could have available, (subject to the giving of appropriate consents), comprehensive sets of medical records.

It would be enormously helpful if you would direct me to the officer within the Department's Research and Development Directorate who might be able best to assist me in trying to implement such a scheme of research. I have to say that I am surprised that the Department has not followed this matter up for itself over the last ten years.

I am disappointed that you will not meet me to discuss these points. That suggests to me that you believe the operation of this Trust to be entirely satisfactory. For the reasons that I have identified in my letter, I think that it is not and that its work on behalf of those affected by variant CJD could be very much more effective.

Yours sincerely

GRO-C

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For Irwin Mitchell

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