Meningitis B Vaccine

Sarah Wollaston Chair, Health Committee

It is a pleasure to follow my hon. Friend Peter Heaton-Jones, and I apologise to my hon. Friend Ben Howlett for missing his opening statement, because of a statement in the main Chamber.

I start by thanking all the families who gave evidence to the Petitions Committee and the Health Committee. Through their very brave and dignified testimony, they have done more to raise awareness and save lives than any Government-led awareness campaign could possibly hope to achieve.

It is wonderful to be in a debate in which we are airing the positive benefits of vaccination, which has undoubtedly been one of the greatest achievements of modern science. We stand on the brink of eradicating polio from the world, and it is worth pausing to thank all those who have been involved in the development of vaccination over the years.

Neil Carmichael Chair, Education Committee, Chair, Education, Skills and the Economy Sub-Committee

At this point, I would like to salute Dr Edward Jenner, who worked on a smallpox vaccination and was based in my constituency. That underlines the important of vaccination, and that work then is directly linked to the work on meningitis now.

Sarah Wollaston Chair, Health Committee

I thank my hon. Friend. In fact, I will take us back even further by mentioning Ben Franklin, who said that

"an Ounce of Prevention is worth a Pound of Cure."

He was referring to fire services in Philadelphia, of course, but the principle still stands.

In paying tribute to all who have brought us to where we are today, we should remind ourselves that vaccination is becoming increasingly complex to develop. Bexsero is being developed through reverse antigen mining and is extraordinarily expensive. That is why we have to consider cost-effectiveness, because in a system where finances are limited, what might be displaced if a new intervention is funded? In other words, we in this House and beyond have a responsibility to ensure that the money we spend can save as many lives as possible, and to consider that in the round.

That is why it is important to take account of the work of the Joint Committee on Vaccination and Immunisation in making its incredibly difficult decisions and judgments. It is absolutely important that we allow the JCVI to carry out its work without undue political interference. The role of this House is, of course, to raise awareness and to hold the Government to
account for the way in which—and the framework under which—the JCVI operates. However, our role must never be to lean directly on members of that committee in the very difficult decisions that they make. I pay tribute to Professor Andrew Pollard and his team for their work. Their decisions are extraordinarily difficult, and they need to apply the science a combination of judgment and sensitivity. It is absolutely right that we regularly review the criteria that they are able to take into account.

I thank the Minister for her letter today confirming that the cost-effectiveness methodology for immunisation programmes and procurements working group, or CEMIPP, it may need a catchier title, is going to publish its work in full. Perhaps she will say whether she has now received that report. It is absolutely important that the principle of transparency applies, so that we can all be clear about the decision-making process.

I support Members who have said that we should review the so-called discounting rate if it means that, as my hon. Friend Helen Whately has pointed out, by the time someone is in their 20s, effectively no account is taken of them. It clearly seems reasonable that we apply the same principle that is applied to public health decision making in the NICE methodology, with its lower discount rate, so that we can take full account of that situation. It is also right for the House to reflect on views beyond this place by thinking, for example, about the social costs. I do not wish to repeat the many important points that have been made about that today.

The JCVI's independence is absolutely vital. We in this House are not in a position to make judgments about the effectiveness and safety of vaccination. We have to rely on experts, and we are very grateful to them for their work. However, one thing that we have to do is hold the Secretary of State to account for implementing the decisions of the JCVI in a timely manner and for the time that it takes to carry out the negotiations on the cost of vaccines.

I would like to make a further point, which I do not think Members have brought up today. The level of variation in the roll-out of existing vaccinations needs to be looked at. During the Health Committee's current inquiry into public health, we have been hearing evidence about the difficulty that public health professionals and directors of public health have in being able to access the data and information that they need to tell them where the gaps are in the roll-out of vaccination. Perhaps the Minister will update the House on where we are in that regard, because it clearly cannot make sense that artificial barriers have sprung up between those who are responsible for implementing the programme and those who are delivering it on the ground. It would be helpful to have an update on that issue.

It is also absolutely right that the House holds the Minister to account on what is being done to follow up the work that is happening on sepsis. As she will know, early diagnosis is critical. Although we want to focus on the number of cases that we can prevent, we cannot prevent them all, so we must also focus on early diagnosis and intervention and on ensuring that we have the right pathways in hospitals, so that the time it takes from the moment someone enters a hospital until they receive life-saving antibiotic therapy is kept to a minimum. Perhaps the Minister will update us on that.

Geoffrey Clifton-Brown
Conservative, The Cotswolds

I hesitate to intervene on my hon. Friend, especially as she is such an expert on this subject, but as I understand it, Bexsero was licensed by the European Medicines Agency on 1 January 2013. It was not introduced in this country until more than two and a half years later, and people will have died of the disease in the interim. Does my hon. Friend not think that is too long a process when the argument is not about the safety of the drug but purely about
the price? Something needs to change. The negotiation with the drugs companies needs to be done in a different way.

Sarah Wollaston Chair, Health Committee

I agree that there needs to be a better and faster procedure for negotiating about cost, but we cannot get away from cost, because, as I mentioned, cost-effectiveness is not an abstract concept. It means asking, could we save more lives by spending the same amount of money differently? If the cost of the drug is exorbitantly high, would it be better to invest the money in, for example, early diagnosis and intervention? Those complex decisions should not be made by politicians. Politicians and the public should be part of the process that sets the guidelines and advises the committee, but it is not for this House to make those decisions, although I absolutely agree that of course it would be better if the negotiations could be done more quickly.

I end where I began, by paying tribute to the very brave families for the evidence that they gave. I hope that the Minister will do everything in her power to ensure that we reach decisions as quickly and as fairly as possible.

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Sarah Wollaston Chair, Health Committee

I am intervening because the Minister mentioned that she is drawing her remarks to a close. Can she comment on the issue I raised about the variation in roll-out and the communication issues for public health directors in being able to assess the variation in their areas?

Jane Ellison The Parliamentary Under-Secretary of State for Health

I am not able to give my hon. Friend an answer today. If she does not mind, I will write to her about that. I have had a conversation about that with the public health director in my own borough, so I am aware of some of the frustrations that have been expressed. If my hon. Friend does not mind, I will write to her with more detail rather than give a response off the top of my head—her question deserves a better answer.

I want to put on the record my thanks to the meningitis charities that work tirelessly to support families affected by this terrible disease and have done so much to advance their cause. Many of them have circulated their 10-point action plan. I have touched on most of those points and indicated how the Government are responding.

Like other Members, I recognise the courage and dignity that, as has rightly been said, Mr and Mrs Burdett and the other families affected by meningitis in such a tragic way have shown over recent weeks. Nothing I can say today can make up for their loss, but I have listened very carefully to the evidence that they have bravely given to the Select Committees, and particularly the emphasis that they have put on raising awareness, which they have done so much about. I hope it is some comfort to them to know that not only their own efforts in bearing testimony but the new awareness campaign, alongside our vaccination programmes, will save lives in future.

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