

# **Infected Blood Compensation Authority**

## **Registration and Prioritisation Discussion**

# Structure

- 1) Introductions
- 2) Purpose of the session
- 3) Part 1: Registration implementation
- 4) Part 2: Prioritisation considerations
- 5) Questions and discussion on prioritisation considerations?

# Part 1: Registration Implementation

# What could registration look like?

The infected blood community and the inquiry have suggested that we introduce a Registration process. We have considered what this might mean if we were to agree to this recommendation.

A limited registration process which collects only the information needed to:

- Understand number of people intending to claim
- Gather necessary data to prioritise claims

**There would be no assessment of eligibility at this stage.**

This would mean:

- People have some reassurance that their details are captured and held by IBCA
- IBCA can open up claims from different groups in a prioritised and managed way
- Develop information on numbers who intend to claim (not all may be eligible)
- Over time, build an approach to keep people updated on when we might be able to start their claim and provide targeted information in advance of this (N.B. It will take some time to build this intelligence to be able to do this)

# What could registration look like?

We have started to design the form, based on the information we are required to gather to prioritise claims, in line with the inquiry recommendations.

## An example of Personal information and preferences

**Infected Blood**  
Compensation Authority

Menu

DRAFT This is a prototype.

Back

Personal details  
**What is your name?**

Enter your full name

Continue

**Infected Blood**  
Compensation Authority

Menu

DRAFT This is a prototype.

Back

Contact details  
**How would you like us to contact you?**

Select all that apply

Email

Post

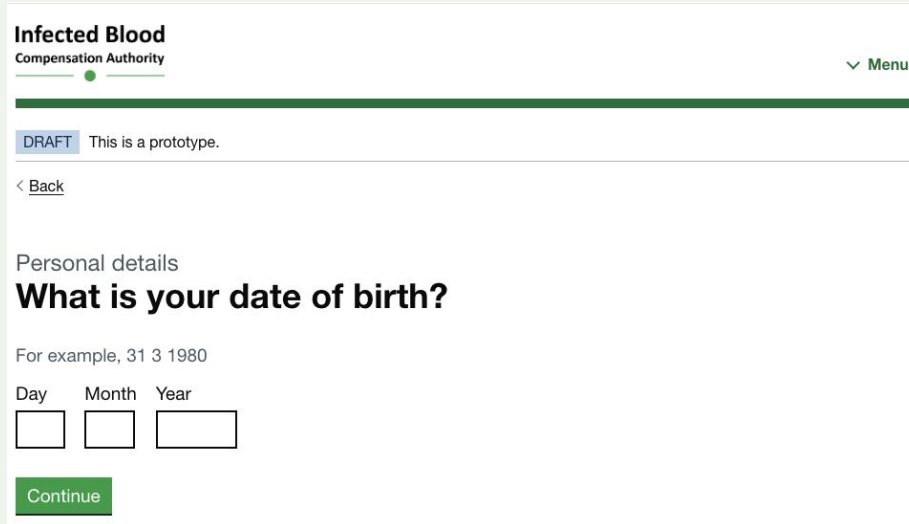
Phone

Continue

# What could registration look like?

We have started to design the form, based on the information we are required to gather to prioritise claims, in line with the inquiry recommendations.

## An example of prioritisation information (age)



The screenshot shows a web form titled "Infected Blood Compensation Authority" with a "Menu" link. A "DRAFT" label and the text "This is a prototype." are visible. Below a "Back" link, the section "Personal details" contains the question "What is your date of birth?". An example "31 3 1980" is provided. The form has three input fields for "Day", "Month", and "Year". A green "Continue" button is at the bottom.

**Infected Blood**  
Compensation Authority

Menu

DRAFT This is a prototype.

[Back](#)

Personal details

**What is your date of birth?**

For example, 31 3 1980

Day Month Year

Continue

# Proposal for implementing the registration process

- 1) The registration will be available from the website
- 2) It will be a short form online
- 3) There will be no ability for people to provide supporting material at this stage, or giving any indication on whether their claim is valid.
- 4) We won't be asking for any ID verification to register an intent to claim to reduce the burden it takes to register
- 5) An assisted digital option will be available if people need it
- 6) Registration will gather information about prioritisation criteria -> we'll then use to bring people into service in an ordered way.

**Discussion point 1:** We have kept the scope as small as possible to allow us to deliver it quicker and remove the identity verification barrier at this stage, do people agree with this approach?

# Part 2: Prioritisation considerations

# Recommendations from the inquiry report

**Discussion point 2:** Below are the criteria for prioritisation suggested by the inquiry. Do people agree these are what IBCA should adopt?

Living infected	Deceased infected	Living Affected	Deceased affected
End of life	End of life of beneficiary	End of life	End of life of beneficiary
Advanced liver disease	Age of beneficiary over 75	Age over 75	Age of beneficiary over 75
Age over 75	No interim compensation payments	No interim compensation payments	No interim compensation payments??
No interim compensation payments	Age of beneficiary	Bereaved child of 2 infected deceased parents	Age of beneficiary
Age		Age	

# Prioritisation consideration 1 - linked claims

We anticipate there will be occasions when we need to (or could choose to) start claims which are lower on prioritisation criteria where they are linked to a claim being processed.

## Discussion point 3:

	Context	Question
1	In order to progress a prioritised affected claim, we will have to do work on a non-prioritised infected claim to ensure they are eligible. E.g. an affected person who is end of life who's linked infected person is young.	This will be the bulk of the claim work - should we carry on and continue to process the infected claim?
2	We have previously been asked to consider claims from family members in one group (at the same time with the same claim manager).	Should we prioritise linked claims from family members where they link to a claim we are working on?
3	Our intention (once the service is open to all types of claims) is to deal with all claims an individual has at the same time - so if someone has an infected and affected claim and one is started we would do both at the same time.	Does everyone agree this is the right approach?

# Prioritisation consideration 2 - dynamic prioritisation

We would prioritise claims in real time, so someone who registers later, but meets a higher priority criteria, could move ahead of those already on the list. Lower-priority claims may also be processed sooner if linked to another active claim.

We know however that people want some idea of when their specific claim will be started.

**Discussion point 4:** Should we tell people where they are in the prioritised list? Since priorities can change, their position won't reliably predict start dates and may move. If we do share positions, how do we explain this clearly and sensitively?

# Other considerations - prioritisation

**Discussion point 5 (Additional Criteria):** Are there other factors we should consider when prioritising?

- Should we consider safeguarding as an additional priority area?
- Length of registration time (e.g a person registering tomorrow will be prioritised accordingly and could be the next person to start their claim)?

**Discussion point 6 (Trust):** If we discover information on which we based prioritisation is incorrect while processing a claim, should we continue processing the claim or stop processing the claim, and correctly prioritise them?



**Thank you**