

INFECTED BLOOD INQUIRY

IBCA STATEMENT ON INQUIRY PROPOSAL FOR PRIORITISATION

1. The Inquiry has requested submissions on a proposed method of prioritisation. IBCA does not wish to comment on the merits of any particular order of prioritisation or whether there is a consensus for any system (other than end of life); this has been seen as a divisive issue in itself by some. Inevitably, such matters require the balancing of adverse effects on some, to achieve beneficial effects on others; it is unrealistic to assume that any 'prioritisation' system will not include some element of de-prioritisation.
2. IBCA would further make the following points:
 - a. For clarity, IBCA refers to 'sequencing' for the order in which different types of claims (also known as claim routes and groups, for example those who are infected and registered with a scheme) can be brought in to claim as we continue to design and build a claim service. We refer to 'prioritisation' for how claims within any route may be prioritised (for example for those who are sadly nearing the end of their life).
 - b. As noted in David Foley's Second Witness Statement, IBCA consulted the community about approaches to prioritisation. While a variety of opinions were expressed on this, there was one point that the majority of community members coalesced around; that those at end of life should be prioritised. Consequently, IBCA has introduced a process for prioritising those at end of life (defined as those who have been informed that they have less than 12 months to live).
 - c. IBCA will have an end of life prioritisation for each of the routes for making a claim when it is opened. Clearly this cannot be introduced before IBCA is able to open claims in any given route.

- d. IBCA's implementation of prioritisation requires either having or acquiring the information necessary to undertake the ordering. For those not already registered on an Infected Blood Support Scheme, IBCA will have to first build the service and process to gather this information in order to allow for prioritisation. IBCA is not able to take a view on the practicalities of prioritisation with each route at this stage.
 - e. IBCA would need to decide, for those not already registered on an Infected Blood Support Scheme, on when to assess eligibility. For example, there would be a risk that anyone seeking to make a fraudulent claim might seek to manipulate the system by claiming attributes that would place them higher in the prioritisation order.
 - f. As noted, introducing any method of prioritisation as proposed by the Inquiry would require the diversion of resources which would otherwise be working to process claims. While IBCA would seek to minimise the impact of these changes, this would depend on the complexity of implementation. We remain committed to paying compensation to each and every person who is eligible as soon as we can, and are continually assessing and improving our processes where we can speed up the number of claims IBCA can process.
3. IBCA will of course carefully consider any recommendations from the Inquiry on this matter and we are always open to views from the community on how we can best ensure that our service meets their needs.