# Q&As from September 2019 seminars & answers shared with FOIL members (November 2019)

#### The claims process

Question	Answer	
Are claimants blocked from claiming other losses not identified when creating the claim?	No, there are opportunities to pursue other losses later in the process before submitting the claim to the compensator and accepting an offer in full and final settlement.	
Can the compensator see changes made by the claimant during claim creation?	No, the compensator only sees what the person has submitted.	
Will the current Claims Portal claim notification change and if not, what will happen when claims exceed the new limit?	When the new service launches, there will be two portals.  1) fast track (claims portal) which is mostly used by claimant representatives and very small numbers of unrepresented  2) small claims track (new service) which will be used by a mixture of represented and unrepresented.	
	Representatives with a range of claim values will have to use both. The MoJ and MIB currently have no plans to integrate the two.	
	For the claim to go through this service, the personal injury / PSLA must be below £5k and the total value including other losses must be below £10k.	
	If a claim initially raised on the small claims track is found to exceed the limits, the claimant will need to re-start their claim in the fast track process.	
Should the claimant representative affirm that an identification check has been completed on the claimant?	This is not part of our current working assumptions on the rules that will apply in the service.	
Is there any requirement for representatives to provide a signed statement of truth from the claimant?	In signing the user agreement, claimants and their representatives will have to confirm this has happened, including the possible consequences of an untruthful statement.	

What progress has been made in determining a process for those claimants that cannot access the portal and require written engagement at all stages?	Good progress is being made. The service is designed to be omni-channel - i.e. a claimant can use the online service, call centre, or if absolutely necessary, use a paper-based process to submit their claim.
	We are planning research with different customer groups including vulnerable customers and customers who may find using the digital service challenging. We are building the service referring to GDS principles. The public test period gives us a great opportunity to seek feedback on all aspects of the guidance and support that we are providing with the service. This includes getting feedback from those who require written engagement.
Will the application look different for professionals and unrepresented claimants?	The aim is the design makes the process clear and simple for unrepresented claimants. The system has the same functionality for claimant representatives except for things like:  • client's reference number (not applicable for unrepresented claimants)  • CUE PI reference (unrepresented claimant searches will be run within the service)  • identification and verification checks (only applicable for unrepresented claimants)  The system will carry more help and signposting for unrepresented claimants than the professional user journey.
Is it possible to re-assign claims to an alternative company (e.g. a delegated handling authority / third party agent)?	The user portal enables claims to be re-assigned within an organisation structure depending on how this has been structured (e.g. branches and subsidiaries set up within the same overall organisation).
How does the messages feature work?	Once the claim has been created, the customer (including unrepresented and representative) and the identified compensator can create a message within the system that is then shared with the other party.
When is it expected that this message feature will be used and will it be 2 way and what is the obligation on either party to respond and in what timescales? This could lead to abuse and a clogging of the portal.	Once an update is captured on the portal, an email is generated to the customer, insurer, or both parties, asking them to log on and view the message. There is also messaging functionality within the portal that enables a claimant to contact the compensator (and vice-versa) in the case where discussion on liability or offer is needed.
How does the search for medical report providers work?	The online journey will be:  claimant accesses the system to see their claim is ready for the medical to be arranged  claimant sees guidance about the journey and the first step of selecting a provider

	<ul> <li>claimant enters preferences (location, expert gender, etc) and submits search</li> <li>claimant sees a returned list of matching providers and selects one</li> <li>provider receives a notification of the new case via the service and then organises an appointment with the claimant outside this system</li> <li>The search for providers is viewed by the claimant as just another page within the service.</li> <li>Seamless to the claimant, the service integrates with MedCo's system to perform the search.</li> </ul>
	The journey for a represented claimant is exactly the same as it is now.
What is the timeline between a claimant creating a claim and having their medical examination?	The protocol / rules will set the timescales for specific events and these are currently being developed. The timeline will depend on the timing of a) the compensator's liability decision and b) when the claimant requests a medical examination.
How will claimants understand whether their injury is worth more or less than the small claims limit?	We are incorporating a number of steps to help determine whether or not a claimant is using the right process - firstly eligibility criteria, then as the claim notification is completed indications of what injuries have been sustained and details of what other losses are being claimed for. This will give a good indication of ensuring that the claimant is in the right place. We will also give access to the tariff for whiplash injury compensation. Despite all this, we do expect that there will be a small number of cases that will need to transfer into Fast Track.
	MoJ is continuing to work on the expectations and guidance for valuation of non-tariff injuries and MIB is working on guidance content in general, including how best to guide claimants about whether their claim is likely to be appropriate for this service. The service can provide guidance on the claimant's options but is not there to advise on whether to accept or reject a compensator's offer.
Where the compensator views another driver (partly) liable, can the claim still proceed through this service?	The current working assumption is that in circumstances like these, the respective compensators would negotiate ownership of the claim to which a single compensator would liaise with the claimant. The splitting of relative liabilities between compensators would be handled outside the portal but we're reviewing how we best communicate when a circumstance like this happens to all parties.
Can credit hire be included in the claimed losses through this service?	Where a claimant has already sustained a loss for and paid for credit hire, they are able to include this in their claim through the service. Recovery of the credit hire company's claim would need to be pursued outside this service. MIB are also working to ensure that the language used on

	the site is appropriate and clearly explains the credit hire process.	
What happens for claims where dispute	The service would enable the various documents and data captured in the system to be made	
resolution is unsuccessful?	available to the claimant (or their representative where they have one); to support them in the	
	situation where they decide to issue proceedings. The service will not be connected to the	
	online courts system.	

### Launch of the service

Question	Answer
What are the implications for delivery of not having the rules?	MIB are building the core solution using an agile methodology. This provides a degree of flexibility to enable progress based on working assumptions, which can be refined over time. We have been managing using this to date; however as outlined in the progress overview, as we approach public test we have some tight timelines to meet to give us reassurance that the policy decisions and CPRC rules are aligned to the solution that is being built.
Is there a drop-dead date for the go/no-go decision?	There will be a number of go/no-go decision points, including the public test start, registration start and the go-live.
	Ultimately it is the MoJ's responsibility to approve the service is fit for purpose and that all launch readiness criteria have been met. However, we are working closely together to deliver the solution and if either party is not prepared to sign off the quality and readiness of the solution then in the interests of protecting claimant's access to justice, we should not go ahead with launching an unsuitable service.
Are there differences between organisations using web only or integration only in the claim data they can access?	Both will have all the same information. On API they will not receive notifications so they will need to add this process to their own systems. For example, when a customer adds information, they will not receive a notification unless they build that option themselves.
What are the plans for communicating this service to people who might need to claim?	MIB and MoJ are currently discussing what plans may be needed to communicate this service to the wider public.
	There will be work to support signposting for customers and this is a conversation MIB is having with MoJ and with customer focus groups and representatives from advice providers.
Who will be involved in the tests that start in November?	All User groups will be secured and briefed to participate in the defined test scenarios - covering unrepresented users, Professional users: Medical Company, Compensators, Solicitors/Claims Management Companies.
Are you ready to commence testing in November as previously planned?	Yes, we are ready to commence testing in November as previously planned. It is important to stress that actively seeking and responding to feedback through extensive stakeholder engagement has been a key feature of the build.
What are the responsibilities for dealing with	Following go-live, consideration for future developments will be undertaken alongside

service issues and improvements after go-live?	industry stakeholders and the MoJ to determine whether or not additional functionality is required and to agree how and when to introduce it.
Is there a risk insurers will behave differently for unrepresented claimants – should they be able to see if they are un/represented?	The claim notification will pass onto the insurer whether the claimant is represented or not. There may be times where the compensator and claimant need to communicate over the phone, so the insurer would need to know whether they should speak with a representative.
If some elements of the process cannot be confirmed until the New Year (CPR / PAP), what allowance is there in the MIB project plan for revision / re-testing once those items are confirmed?	The MIB has embedded some contingency time in the process for change and iteration once testing is complete.
The MIB has previously stated that it is now dependant on others in order to be ready implementation. Do any of the current outstanding issues cause MIB to alter their view that MIB will be ready for launch on 6 April 2020?	The timescales are challenging but the build programme remains on track. We are building the service using an agile methodology which enables us to design, build and test components of the solution. We have engaged extensively with the Ministry of Justice on the build and we are confident that with the right guidance from the MoJ and CPRC. MIB will be able to meet the agreed timelines.

## Running the service

Question	Answer
Will the service support claims provided in a paper claim form?	The service will offer a full paper offline service to those who require it. In particular it will be available for Welsh-only speakers and vulnerable customers. The service will offer translation services and co-browse so the default will always be online as this will be easier for customers and providers alike.
One of the biggest concerns is the number of LIPs and in particular the number of non-digital and non-English speakers. Will the service offer threeway translation process and will this service be open to insurers and at what cost?	The service will offer translation services to self-serve customers. It is not offered to insurers separately as this is not required. All text in the service will be in English and specific costs for the translations needed are still being determined.
Will the process always be via the portal and for non-digital LIPs how will this work? Will it go via the MIB help desk/customer centre?	Self-serve customers have the option of an offline application which is available in English or Welsh. We will update the portal and walk customers through the medical journey step-by-step, updating by telephone once contact preferences are captured.
Which customers will the contact centre support?	The helpline is for everybody, including claimants and professionals.
	There will be ongoing communications with professionals as repeat users to highlight improvements and advice on any common pitfalls.
Will it be made clear to the compensator that the customer needs offline support?	MIB will reflect on this feedback.
How will non-digital LIPs interact with MedCo and this is being portrayed as online only?	For customers who are unable to use the online service, the customer contact centre will provide offline support for all parts of the claim journey, including the search for medical report providers. The customer contact centre will ask for the customer's preferences and perform the MedCo search on their behalf, sharing the search results so the customer can choose.
What guidance will be provided about when/how to seek legal advice?	The service will outline the options available to the claimant at each decision point (e.g. creating the claim, responding to a liability decision, responding to an offer). The detail of how to seek legal advice has not been defined – this will be explored with the relevant customer focus group(s).

How many contact centre staff does MIB expect to start with?	Staff levels will be appropriate to provide a quality service.
Will there be a regular updates FAQ posted anywhere?	Yes, we will be providing regular updates and FAQs through our subscription emails.

## Policy

Question	Answer
Will MoJ reconsider the exclusion of rehabilitation from the scope for this service?	This service will provide a prompt / question for claimants to indicate whether they might need rehabilitation services but arranging rehabilitation will be organised outside this service.
	Where the claimant has already sustained a loss for and paid for rehabilitation (e.g. physiotherapy), this can be included as part of the claim. MIB will share feedback on this topic with MoJ.
For use of professional user / representative terminology, what are the expectations for representation by non-lawyers / Which organisations are eligible to present claims on behalf of claimants? CMCs? Insurers?	MoJ will determine the rules for who can use the service.
Minors are excluded from this service – are they also exempt from the £5k small claims limit and/or the whiplash tariff?	MIB will seek MoJ clarification.
What will the format be for the medical report?	The general guidance on medical reports is expected to come from the legal RTA3 form. The system is being built to enable reports to be uploaded as PDF.
What are the plans for dispute resolution?	This is something MoJ is looking at now. MIB has set aside system build capacity for this and is waiting for the steer from MoJ on the policy for this.
What happens if compensator doesn't provide a response within the deadline?	MIB are awaiting MoJ policy decision on this.