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| <p>Notes</p> | <p>1. There is very low awareness of the PRC and what number to call. Sometimes calls can involve multiple proxy actors for the same PRC or people under high stress.</p> | <p>3. Some people don't know their national insurance number, or don't have it.</p> | <p>6. No sharing or interoperability between systems. Information is duplicated in a manual process between them. Systems seem very slow and unresponsive. Medben in particular. With call times being measured, it's ironic that waiting for these systems slows the operator down considerably.</p> | <p>8. It can be difficult to get through "security", particularly for proxy provision.</p> | <p>11. Channel switch to paper means an immediate slowdown in the service provision.</p> | <p>12. The switch to paper means a large amount of information is requested from the user again. Mistakes, errors and omissions take longer to address.</p> | <p>13. The user gets no confirmation of receipt. In fact the user receives no feedback over what can be a very long period of time. The next notification is a final letter at service completion, which will arrive after payment has already been made. OHT also needs to distinguish between state and private healthcare receipts.</p> | <p>14. The process is heavily paper based, and it feels like Medben is almost run in parallel as an information repository.</p> | <p>15. It can be difficult to know to where to send claims.</p> |
| | <p>2. CIS is a web based view of DWP records. Demographic or NINO searches. First port of call to identify PRC recipients. Presence of record alone is used to qualify.</p> | <p>4. NIRS is a web based view of national insurance contributions and can be used additionally to find out more about an applicant. NIRS seems to be little used.</p> | <p>7. Medben system seems to basically be a database of "claims" per individual. While it does provide some service to the operator (the generation of templates/letters) for PRC claims, more time and effort is spent adding data to records.</p> | <p>9. In some cases where a NINO search has failed and demographic data has been used to find a Medben record, the operator has then continued to try to get three correct "security" answers – even though enough data has actually been gathered already.</p> | <p>10. Medben and CIS share a lot of data, which is manually transferred from CIS to Medben, either with copy + paste or by hand.</p> | | | | |

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| 16. Competent state is sent periodical email reminders via Medbens. | 18. Automated reminders must be removed manually from a Medben record's 'Notes' field. | 19. Payments log is a manually filled Excel sheet. | 21. Transfer to DH involves manual upload of Excel to DH Exchange along with an email to inform the team. | 22. DH Exchange is an instance of Kahootz (http://www.kahootz.com). | 25. This is the only feedback point from the service after the user submits a claim. |
| 17. Wait time for responses varies hugely. Some claims can take years to return. | | 20. Payments are batched in groups of 100 for sending to DH. | | 23. Payment is keyed manually line-by-line from information in the supplied Excel document. | |
| | | | | 24. At the point of receiving payment the user has not had any feedback since submitting the claim, unless they have been following up with the team themselves. | |