25. This is the only feedback point from the service after the user

submits a claim.

21. Transfer to DH involves manual upload of Excel to DH Exchange along 22. DH Exchange is an instance of Kahootz (http://

www.kahootz.com).

supplied Excel document.

23. Payment is keyed manually line-by-line from information in the

24. At the point of receiving payment the user has not had any feedback since submitting the claim, unless they have been

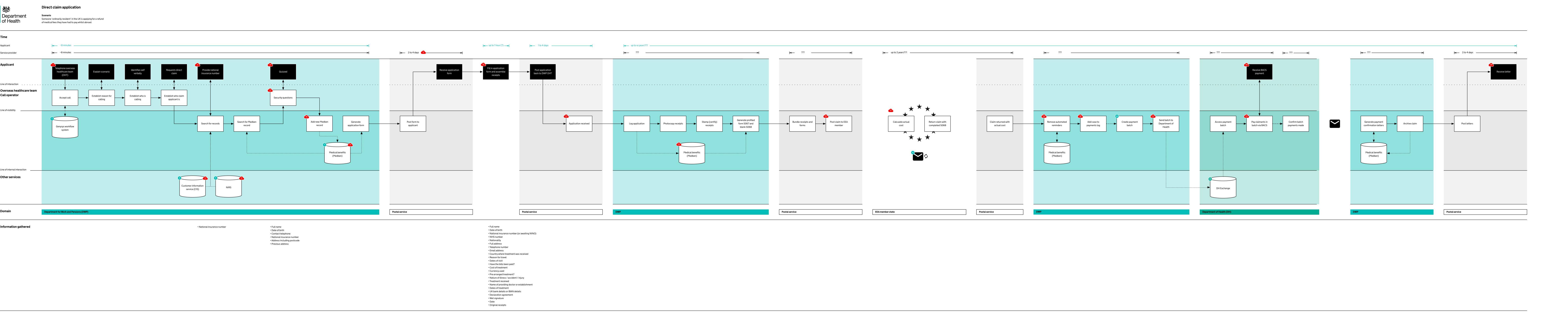
following up with the the team themselves.

with an email to inform the team.

18. Automated reminders must be removed manually from a Medben 19. Payments log is a manually filled Excel sheet.

20. Payments are batched in groups of 100 for sending to DH.

record's 'Notes' field.



15. It can be difficult to know to where to send claims.

16. Competent state is sent periodical email reminders via Medbens.

17. Wait time for responses varies hugely. Some claims can take years to

11. Channel switch to paper means an immediate slowdown in the service 12. The switch to paper means a large amount of information is requested 13. The user gets no confirmation of receipt. In fact the user receives no 14. The process is heavily paper based, and it feels like Medben is almost

from the user again. Mistakes, errors and omissions take longer to feedback over what can be a very long period of time. The next run in parallel as an information repository.

payment has already been made.

notification is a final letter at service completion, which will arrive after

OHT also needs to distinguish between state and private healthcare

KeyNote Pain point → Service process --→ Eventual process (thresholds etc) ···· Information flow → Must agree / validate

2. Workflow system allows call operators to answer calls, they must also searches. First port of call to identify PRC recipients. Presence of down considerably.

Sometimes calls can involve multiple proxy actors for the same PRC or have it to hand.

designate tasks as they work on them - i.e. 'post call work' etc. record alone is used to qualify.

people under high stress.

1. There is very low awareness of the PRC and what number to call.
3. Some people don't know their national insurance number, or don't 6. No sharing or interoperability between systems. Information is 8. It can be difficult to get through "security", particularly for proxy

5. NIRS is a web based view of national insurance contributions and can individual. While it does provide some service to the operator (the

is spent adding data to records.

duplicated in a manual process between them. Systems seem very applicants.

has been used to find a Medben record, the operator has then

though enough data has actually been gathered already.

from CIS to Medben, either with copy + paste or by hand.

continued to try to get three correct "security" answers — even

slow and unresponsive, Medben in particular. With call times being

Medben system seems to basically be a database of "claims" per

be used additionally to find out more about an applicant. NIRS seems generation of templated letters) for PRC claims, more time and effort 10. Medben and CIS share a lot of data, which is manually transferred

4. CIS is a web based view of DWP records. Demographic or NINO measured, it's ironic that waiting for these systems slows the operator 9. In some case where a NINO search has failed and demographic data