Department of Health

Provisional Replacement Certificate (PRC) application

Scenario
Someone 'ordinarily resident' in the UK needs treatment in the EEA and requires a PRC because they don't have an EHIC.

Service phases

Contact | Application | Issuance | Measure

Time

	Contact	Application	Issuance	Measure
Applicant	~8 minutes			
Service provider	~8 minutes		~2 minutes	~2 minutes

Information gathered

- National insurance number
- Full name
- Date of birth
- Contact telephone
- National insurance number
- Address including postcode
- Previous address
- Email address
- Fax number
- Admission date
- Discharge date
- Travel dates

Applicant

1. Telephone overseas healthcare team (OHT)
2. Explain scenario
3. Identifies self verbally
4. Requests PRC
5. Provide national insurance number
8. Quizzed
11. Provide details for receiving institution
12. Provide / estimate treatment timescale

Line of interaction

Overseas healthcare team Call operator

- Accept call
- Establish reason for calling
- Establish who is calling
- Establish who PRC applicant is
- 9. "Security"
- 11. Establish details for receiving institution
- Establish treatment timescale (certificate validity)

Line of visibility

- 2. Genysys workflow system
- Search for records
- Search for Medben record
- 10. Add new Medben record
- 13. Create PRC
- 14. Email PRC to institution
- 15. Add closing note to Medben
- 16. Drag and drop sent email into Windows folder
- 7. 6. Medical benefits (Medben)

Line of internal interaction

Other services

- 4. 6. Customer information service (CIS)
- 5. 6. NIRS

Domain

DWP Overseas Healthcare Team

Department of Health

Notes

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.
2. Workflow system allows call operators to answer calls, they must also designate tasks as they work on them - i.e. 'post call work' etc.
3. Some people don't know their national insurance number, or don't have it to hand. People acting in proxy could be very unlikely to have this information. Others ring up with an NHS number and are confused as to why that can't be used.
4. 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.
5. 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.
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.
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 templated letters) for PRC claims, more time and effort is spent adding data to records.
8. It can be difficult to get through "security", particularly for proxy applicants.
9. In some case 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.
10. Medben and CIS share a lot of data, which is manually transferred from CIS to Medben, either with copy + paste or by hand.
11. Accurately getting email addresses over the phone can be surprisingly difficult. Medben has no data fields for receiving institutions, so a lot of important information (including this) is stored in the free-text "notes" field. It was notable that the only information required was email and/or fax number, getting the name of the institution or other details was not attempted. In cases of delivery failure this might be useful?
12. For obvious reasons it can be difficult to establish the exact length of time a PRC is required for.
13. Issuing the PRC itself is difficult and takes several steps in Medben, which basically generates a Word doc.
14. Sending the certificate itself is a very manual process involving saving a downloaded Word doc as a PDF and attaching it to an email.
15. Work notes in Medben contain a fair amount of data that perhaps could be better captured in a different way (see 13).
16. Medben seemingly doesn't offer statistical or meaningful data extraction. Manual "count" processes take time and are error prone.

Key

Note | Pain point