



18-week Referral to Treatment

- The capture of timely and accurate information is essential to meeting 18 week RTT targets. However this is not very often achievable in an NHS environment.
- Identifying and tracking referrals to and from other Providers. Also generating the required MDS to support this.

In recognising not only the existing problems, but potential ones too we have designed and developed RTT Evolution, the referral to treatment solution from our software partners.

THE SOLUTION

RTT Evolution was designed and developed to specifically tackle a number of the problems faced by NHS Trusts in meeting RTT targets. The rationale behind Evolution enables the tracking of the patient's pathway from initial referral from a number of sources including GPs, Consultants etc through to treatment, and enables healthcare organisations to gain a competitive edge in meeting the 18 weeks RTT targets.

Evolution is the complete RTT Monitoring solution, our RTT offering gives your organisation the edge in delivering against your RTT target and much beyond.

Evolution is the third iteration of successful bespoke RTT solutions and has been created from the ground up to be flexible and adapt to most if not all RTT requirements.

BACKGROUND

The 18 week referral to treatment (RTT) is a Department of Health target whereby NHS Trusts must begin to treat all patients within 18 weeks of referral. The thinking behind 18 weeks is to change the way the health service work to deliver treatment by reforming and improving the entire patient journey and therefore improving on the patient's experience of the NHS.

The 2004 NHS Improvement Plan set out the idea for reform:

“By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment.”

The 18 week RTT brings into focus the hidden waiting times of diagnostic and follow-up outpatient appointments, both have previously not been systematically measured.

CURRENT PROBLEMS

NHS Trusts are facing numerous problems in meeting the 18 weeks RTT targets, these include:

- Creating and maintaining Patient Target Lists (PTLs). The core of the problem is that there is no systematic measurement; NHS Trusts have difficulty in determining their “clock start” and “clock stop” times. A robust RTT measurement is therefore imperative to meet 18 week RTT targets.