Referral to Treatment (RTT) Pathway

Contents

Overview

Once a Referral is received by an RTT Service, they have 18 Weeks from the Date of Receipt of the Referral to provide the 1st Definitive Treatment

The definition of the 1st Definitive Treatment is Service specific

RTT consists of 2 parts: firstly, the RTT Pathway and secondly the RTT Code

Part 1 - The RTT Pathway: When a Referral is added to Rio the user adds the Referral to the relevant RTT Pathway. The Referral remains on the RTT Pathway until the STOP Code is used. NOTE - When the Episode of Care is complete the Referral must be Discharged

Part 2 - The RTT Code (Adding a Code to the RTT National Status Tab) When Outcoming an Appointment (Community or Clinic), the RTT National Status Tab MUST be completed with the relevant RTT Code e.g. 20, 30. The RTT Code depicts which stage the Client is at during the 18 Weeks.

The Trust states that it is MANDATORY for the user to complete the relevant Code (see page below – RTT Codes list) when Outcoming an Appointment (Community or Clinic). The Trust must report RTT data to the relevant official department; failure to do so may result in a substantial fine to the Trust

Adding a Referral to an RTT Pathway

At the point of saving a Referral, you will be asked if you wish to add to an RTT Pathway

- Choose **Create new RTT Pathway**

- Click **Proceed**

The Add Referral to RTT pathway screen will display

Each service will have specific instructions for exactly what you need to select from the drop-down lists you will find on this screen

Complete the mandatory fields (pink/lilac), as specified by your service

- Click **Save**

The Referral displays with details of the RTT pathway

Specialty	Care Setting	Team	HCP Referred To	Date & time referral received	Contact	To Discharge		RTT	Waiting List(s)
DIGITAL SKILLS TRAINING	Community and Clinic	Advice & Information Team		1 Apr 2023, 09:00	N	🟢	Transfer	🔴	

Outcoming an RTT Appointment once First Definitive Treatment is given

The functionality of Outcoming an Appointment, be it Clinic or an HCP Diary Appointment is the same. The following example shows you how to Outcome an HCP Diary Appointment where the Patient is on an RTT Pathway

Locate the Appointment in the Diary

- Click **To Outcome** link

The Attendance Indicator screen will display

- Click to display the **Attendance Information** section

- **Actual Duration**:   Enter the actual duration of the Appointment

- **Seen Time**:   Enter the time the Patient was seen

- **Actual Consultation Medium**:   Autofills, amend if required

- **Follow-Up**:   Not currently used at BCHC

- **Conclusion**:   Select as required

- **Who Else Was Seen?**:   Not currently used at BCHC

- **Location**   Autofills, amend if required

- **Reasonable Adjustment Made Indicator**:   Not currently used at BCHC

- **Attendance Comment**:   Add a comment if required e.g. Left calling card

- Click to display the **Progress Note** section - Add a Progress Note as required

- **Originator**:   Autofills, amend if required

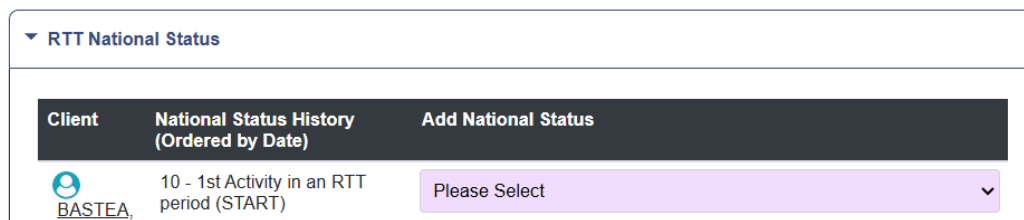- **Note Type**:   Autofills, amend if required

- **Enter Note details** as required

- **Validation Status**:   Select as required

- Click to display the **Activities** section

- **Activity**:   Select relevant Activities
(use Ctrl+click to select multiple activities)

- **HCP**:   Autofills or select the HCP

- Click the green Plus ✚ icon to add the activities

As the Client is on an RTT Pathway the **RTT National Status** section can also be seen

- Click the RTT National Status section

The National Status History displays with the RTT Code/s e.g. 10 - 1st Activity in an RTT period (START). This is the status which was added when the Client was first placed on the RTT Pathway

Explanations of Codes:

There are a number of RTT codes to select from:

Code with **(START)** at the end are used when the Client is added to an RTT Pathway and are not used when Outcoming an Appointment

Codes with **(NO CHANGE)** at the end are used when a Client needs to remain on a Pathway e.g. Further investigations need to be done before treatment can be provided

Codes with **(STOP)** at the end are used when the Client needs to be removed from the RTT Pathway e.g. The Client has received their first Definitive Treatment, the Client did not attend their Appointment or declined the offered treatment

To add the new RTT Code complete as follows

- Click the Add National Status drop down Arrow

- Select the appropriate National Status code

- Click

An Information prompt will display in this texample code 30 - Begin 1st Definitive Treatment (STOP) was used hence the following information prompt

Information

Do you want to remove BEGUM, Rabia (Mrs) from RTT Pathway ?

[Yes] [No] [Cancel]

If an RTT code was selected with (NO CHANGE) at the end, the Client needs to remain on the RTT Pathway, so you would select No to this prompt

If an RTT code was selected with (STOP) at the end, the Client will need to be removed from the RTT Pathway

- Click **Yes or No** as required

- Click the **Close Outcome** link

You will be returned to the HCP Diary screen and the Appointment will display as Outcomed

Restarting the RTT Pathway after a DNA

When a Client has DNA'd an appointment, the Referral maybe removed from the RTT Pathway (depending on Service processes)

You will have to re-start the RTT Pathway, and add the RTT code, if the Client calls to re-book an appointment

Search for the RTT Pathway

- Click **Menu**

- Click **Quick Menu**

- Select **Waiting Lists/RTT Pathways**

The Waiting Lists/RTT Pathways screen displays

- Click **RTT Pathway radio button**

- **Specialty**   Select as required

- **Pathway**   Select as required

- Click **Go**

The Waiting Lists/RTT Pathways screen displays

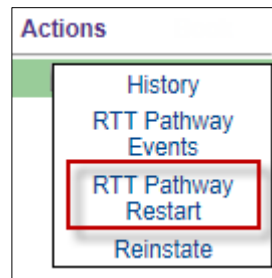Identify required RTT Pathway name in column

- Click green View icon

Use Filter dropdown list if required to identify the correct Client on pathway i.e. *Removed from RTT Pathway between*

- Click **Actions** icon


- Click **RTT Pathway Restart**

IMPORTANT – Please check Service processes in relation to which option to use under what circumstance: RTT Pathway re-start and/or Reinstate

The RTT Pathway Restart screen displays

- Enter **RTT Pathway Restart Date** e.g. date Client rang to re-book appointment
- Select **RTT Pathway Restart Reason** from dropdown list
- Enter **comment** if required
- Click **Save**

The Current RTT Pathways screen displays

- Click **Actions** icon
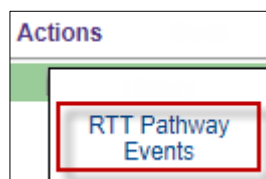
- Select **RTT Pathway Events**

The Events for a RTT Pathway screen displays

- Select **1st Activity in an RTT Period (Start)**
- Enter **Start Date** as required
- Enter **Comment** if required
- Click **Save**

Current RTT Pathways screen displays

To check Client has been added to the RTT Pathway and date restarted:

- Click **Client's name** link (top left)

- Click **CR-Referrals** folder (Navigation pane)

- Click **Current RTT Pathways** link

Current RTT Pathways screen displays

Client will show on current RTT pathway, note start date

RTT Codes List

The following RTT codes should be used in accordance with your Patient Access Policy and the DoH Referral to Treatment Rules Suite

Code	Description	Full Description	Clock Status
10	1st Activity in an RTT period	Initial start of Referral to Treatment period e.g.starting a new pathway under the same consultant/ re-starting of the RTT clock after a previous clock stop	Start
11	1st Activity after Active Monitoring end	Restart of RTT clock following Watchful Wait e.g. when the patient has completed the active monitoring period	Start
12	1st Activity following Cons/NHS AHP referral	Consultant Referral – the 1st activity at the start of a new RTT period for a separate condition	Start
20	Subsequent activity during an RTT Period	An activity during an RTT period before definitive treatment	Ticking
21	Transfer to another Health Care Provider (IPT)	Transfer to another HCP – Subsequent activity by another Health Care Provider during an RTT period	Ticking
30	Begin 1st Definitive Treatment	Start of 1st definitive treatment	Stop
31	Beginning of Active Monitoring initiated by Client	Start of Active Monitoring (Watchful Wait) initiated by the patient	Stop
32	Beginning of Active Monitoring initiated by Clinician	Start of Active Monitoring (Watchful Wait) initiated by the AHP e.g. Patient medically unfit to have treatment	Stop
33	DNA 1st Activity after initial referral only	Failure to attend (DNA) 1st activity after initial referral – Use when a patient DNAs /'is not brought to' (New Paediatrics DNA Policy) their 1st appointment / episode of an 18 week pathway.	Stop
34	Decision not to treat by Clinician	Decision not to treat made or no further contact required e.g. Clinician decides that treatment is not required	Stop
35	Client declined treatment	Patient declined the treatment offered	Stop
36	Client died before treatment	Patient died before treatment	Stop
90	Activity Post 1st Definitive Treatment	Definitive treatment occurred previously i.e. Appointments that a patient attends, DNA's or cancels after definitive treatment was given	N/A
91	Activity during a period of Active Monitoring	Use when active monitoring is underway and continues with this episode of care (i.e. no decision to treat has been made)	N/A

NOTE: If you refer a patient to another service before definitive treatment, use code 21. If you receive a patient from another service where no definitive treatment was offered, you inherit the clock with their referral received date as your clock start date.