

TTN Member Portal Guide

It is important to note that TTN have two expert portals this document details how to use our TTNgine portal which is to be used when the patients reference number does NOT start with CP.

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Overview of when you will need to use the Portal

The following describes the key stages of when you will need to use our portal.

Stage 1: Accept the new referral

- Tick box to confirm your acceptance

Stage 2: Provide the date you first attempted with the patient

- Date required to progress to next stage

Stage 3: Provide your first available appointment and initial assessment date

- All dates MUST be entered in one login session

Stage 4: Submit your Initial Assessment report

- Provide date of assessment and number of treatments recommended
- Complete and submit Initial Assessment report via our portal template

Stage 5: Review assessment – if required request for more treatment

- Provide date of review assessment and dates of treatments undertaken to date
- Complete Review Assessment report via our portal template
- Provide details on number of treatments recommended

Stage 6: Final Assessment – discharge report

- Provide date of final assessment and dates of all treatments undertaken
- Complete and submit Final Assessment report via our portal template

TTN Member Portal

The link to the TTN portal is: <https://www.clinics.ttengine.treatmentnetwork.co.uk/default.aspx> this will take you to the home screen detailed in the next section.

Home screen

Welcome to the member area of TTNgine.

Before entering a patient's details, we require that you read and agree to the following terms. If you cannot agree to the terms below please DO NOT enter a patient report on-line; instead obtain the patient's consent and then submit the report online (or by email or post):

- o I warrant that:
 - o Any information I input into TTNgine is complete, true and accurate
 - o I have obtained written patient consent to enter this report and for the contents of it to be disclosed to:
 - o the patient,
 - o TTN,
 - o the insurer paying for the patient's treatment,
 - o their appointed agent and to the patient's solicitor ; and
 - o any other person who may need to be informed of this information to ensure that the parties are able to comply with their legal obligations towards the patient.
 - o TTN can request a copy of the written consent at any point during or after the treatment of the patient and I will keep a copy of this consent on file for as long as is required by law.
 - o I will not enable others to gain unauthorised access to TTNgine
 - o I will not misuse TTNgine and must not knowingly introduce viruses, trojans, worms, logic bombs and/or other material which is malicious or technologically harmful.

By entering this area I agree to the terms as set out above. Please click [here](#) to accept these terms.

Please note

If our case reference starts with:

- o "CP" please click [here](#).
- o "TTN" please click [here](#)

Please use the following guides to help you access the system and complete a report of your clinical findings and recommendations.

- o [Member Portal User Guide](#)
- o [Guidance for completing TTN reports](#)
- o [Guidance for delivering remote treatment](#)

- o [Member Portal Frequently Asked Questions](#)
- o [Example TTN Report \(Physical\)](#)

If you require assistance contact our Expert Liaison team on 0151 317 3344 or expertliaison@thetreatmentnetwork.co.uk

Please note that you will be logged out of our system automatically after 120 minutes. Any report content you have entered will NOT be saved.

To access the case click "here" **red box**. If you need additional guidance there are links to the following documents on the home page:

- Member Portal User Guide
- Guidance for completing TTN reports
- Guidance for delivering remote treatment
- Member Portal Frequently Asked Questions
- Example TTN Report (Physical)

Depending on the reference you have will depend on which portal to use. This portal is for referrals that have a TTN reference e.g. The reference number has the following structure TTN/123456/ABC/TEST/1

Note if the reference starts with CP, then you need to use our other portal which can be accessed by clicking "click here" which is highlighted in **orange above**.

If you have a reference starting with TTN then you are on the right portal and can access either by clicking the "here" highlighted in red or green above.

Accessing Cases

[Progress Case](#)

[Select Case](#)

The Treatment Network Reference

Next

The reference number has the following structure TTN/123456/ABC/TEST/1

TTN = The Treatment Network

123456 - this is unique reference for this case

ABC – this is the short code of the treatment type (can be 4 letters)

TEST – this is the customer code

1 – is the round of treatment, it is imperative that you enter the most recent reference you have been provided on our correspondence.

To enter the case either to accept the referral, provide key dates or submit the report you must enter the correct reference number.

Reasons why you may not be able to gain access.

- Incorrect reference structure
 - TTN/123456/ABC/TEST (no number at the end)
 - TTN/123456/ABC/TEST/1. (fullstop at the end)
 - 123456 (reference incorrect format)
- Treatment round number is incorrect (refer to your most recent correspondence as this can change)
- Case has closed
- Case is awaiting approval

If you have any questions you should contact Expert Liaison team on 0151 317 3344 or experliaison@thetreatmentnetwork.co.uk

Accepting a referral

When you first access the case you will be presented with an acknowledgement screen.

Patient: Mrs Emily Nash

Ref : TTN/133576/PHY/TEST	Member : Sam Adam (Test Expert)
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Acknowledge

Please acknowledge the instruction; doing so lets us know that you have received the instruction and are trying to contact the patient.

Acknowledge Instruction

If you are not able to accept the referral could you inform us immediately by calling 0333 006 9199.

If you are accepting the referral you should tick the Acknowledge Instruction **red box**

If you are unable to accept the referral please contact us to advise either by email or telephone of this.

Click next to review the key dates **green box** if you click cancel it will not save your changes.

Providing the contact and initial appointment dates

Once the referral has been acknowledged we require key dates regarding your contact with the patient and when the Initial Assessment appointment is booked for.

First attempted contact

It will ask you for your first attempted contact date

Patient: Mrs Rachel Foley Test B

Ref : TTN/133100/PHY/TEST

Member : Sam Adam (Test Expert)

First Attempted Contact

Could you please contact the patient to book an appointment date using the below details, and provide us with the first attempted contact date:

Home Phone:

Work Phone: 07760 820 030

Mobile Phone:

First Attempted Contact Date

Please record the date when you first corresponded with the Patient by phone, SMS or email.

Please ensure the first contact with the Patient is on or before 27/05/2022 in order to meet your SLA.



Cancel **Next**

Please enter the first attempted contact with the patient and click next **green box** to save the dates it will then ask you about the first successful contact with the patient and details of the Initial Assessment appointment.

If you click cancel it will not save your changes.

Successful contact, first offered appointment and the Initial Assessment appointment date

All three dates are required to complete the screen and to demonstrate that service levels have been met. If you do not have all these dates you will be unable to proceed with completing and saving this screen.

Patient: Mrs Rachel Foley Test B

Ref : TTN/133100/PHY/TEST Member : Sam Adam (Test Expert)

Contact and Initial Appointment Dates

Could you please contact the patient to book an appointment date using the below details, and provide us with the contact and initial appointment dates:

Home Phone:
Work Phone: 07760 820 030
Mobile Phone:

First Successful Contact Date

Please record the date when you first successfully made contact with the Patient by phone, SMS or email.

First Offered IA Appointment Date

Please record the first available appointment date at the time of your First Successful Contact above with the Patient.

Please ensure the first offered IA Date with the Patient is on or before 02/06/2022 in order to meet your SLA.

Booked IA Appointment Date

Please record the IA appointment date agreed and booked with the Patient.

If the first offered Initial Assessment appointment is out of the agreed timeframes in your contract (SLA) you will be asked to provide a reason why

--Select Reason--

- Select Reason--
- Patient Request
- Patient unresponsive to initial contact attempts
- Appointment not available within SLA
- Other

If you select other, you will be asked to provide more detail.

The appointment is outside of SLA, could you please supply a reason for this:

Specify other:

The dates MUST go in chronological order, if they are not in order, you will be prompted with a warning

First Successful Contact Date

Please record the date when you first successfully made contact with the Patient by phone, SMS or email.

! The date can not come before the first attempted contact date, please check the dates.

Click next to save the key dates, you must not click cancel as your changes will not be saved. Once you have saved the key dates you will be able to proceed to submit the Initial Assessment report once this appointment has taken place.

Patient: Mrs Rachel Foley Test B

Ref : TTN/130170/PHY/TEST Member : Sam Adam (Test Expert)

Initial Assessment Appointment Date Confirmation

Thank you for confirming the IA appointment date. Once the IA has been conducted could you please log on again to this portal to provide us with the IA report. Please let us know immediately if the appointment has to be rearranged.

Cancel **Next**

If you are ready to submit the Initial Assessment report, click next **green box**

Otherwise click cancel and when you are ready to submit the Initial Assessment report it will return you to Logging the Initial Assessment report – step 1

Logging the Initial Assessment report - step 1

The following screen will come up

Patient: Mrs Rachel Foley Test B

Ref : TTN/130170/PHY/TEST Member : Sam Adam (Test Expert)

Step 1 of 1

Date IA Performed

Expected Completion Date

Practitioner who performed assessment

Appointment Type	Treatment Quantities
Initial Assessment	<input type="text" value="0"/>
Cancelled Initial Assessment	<input type="text" value="0"/>
Treatment	<input type="text" value="0"/>
Cancelled Treatment	<input type="text" value="0"/>
Interim Review	<input type="text" value="0"/>
Cancelled Interim Review	<input type="text" value="0"/>
Review Assessment	<input type="text" value="0"/>
Cancelled Review Assessment	<input type="text" value="0"/>
Final Assessment	<input type="text" value="0"/>
Cancelled Final Assessment	<input type="text" value="0"/>
Diagnostic	<input type="text" value="0"/>
Cancelled Diagnostic	<input type="text" value="0"/>

Cancel **Next**

Enter the date Initial Assessment was actually completed.

Enter the expected treatment completion date.

Enter the practitioner who performed the assessment. If your name is not on the drop-down list please refer to the section at the end of the document called 'Adding a new practitioner to the Member Portal'

Enter the amount of treatment sessions recommended, the final assessment report will count as one session so this must be included in your number of recommended sessions.

Click next and it will ask you to enter details of the Initial assessment report.

If you click cancel it will not save your changes.

Logging the Initial Assessment report- step 2

The following screen will come up.

Patient: Mrs Rachel Foley Test B

Ref : TTN/130170/PHY/TEST

Member : Sam Adam (Test Expert)

Step 2 of 2

1. Background Information

1.1 Please provide a brief explanation of the history of the present condition. Please respond in a full sentence. Do not put N/A, none, single word answer or leave blank as this will be rejected.

1.2 Medication - provide any information regarding medications, including dose. Please respond in a full sentence. Do not put N/A, none, single word answer or leave blank as this will be rejected.

Please make sure you write the answer in full sentences as this is important for the format of the report to our customer, if full sentences are not used the report will be rejected and returned to you to make amendments. Please refer to the example report on our home screen.

At the end of the report you must click Finish to submit the report.

8. Prognosis

8.1 What percentage recovery do you expect the patient to make following this treatment?

8.2 Do you have any clinical comments regarding this recovery? Please complete in full sentences.

8.3 What is the estimated completion date for the requested sessions?

When you click finish it will return you to the home page.

If you click previous it will hold the information you captured in step 1 so you can go back a stage to edit.

If you click cancel it will not save your changes.

Submitting a Review or Final Assessment

Once you have completed the course of treatment you can submit a review or final assessment

Progress Case

Select next action for: TTN/130979/CBT/CPCM/5

[Submit Final Assessment](#)
Discharge - no further treatment recommended

[Submit Review Assessment](#)
Further treatment recommended

Review assessment

This is an interim report which is requesting further treatment sessions

Final Assessment

This is the discharge report and no further treatment should be recommended by yourself. You may feel the patient would benefit from alternative treatment.

Before you log into the Portal ensure you have the treatment session dates as these are required as part of the report submission.

Click on the appropriate report.

It will take you through the following steps:

- It will bring details on the assessment date and treatment amounts
- It will ask you for details of the report
- If you select a review assessment it will ask you about additional treatments

Review Received - Step 1 - Actual Treatment Sessions

The following screen will come up

Patient: Miss Rachel Test E Foley

Ref : TTN/130323/ACU/TEST Member : Sam Adam (Test Expert)

Review Received - Step 1 - Actual Treatments

Date RA Performed

Practitioner who performed assessment:

Appointment Type	Treatment Quantities
Initial Assessment	<input type="text" value="1"/>
Cancelled Initial Assessment	<input type="text" value="0"/>
Treatment	<input type="text" value="2"/>
Cancelled Treatment	<input type="text" value="0"/>
Interim Review	<input type="text" value="0"/>
Cancelled Interim Review	<input type="text" value="0"/>
Review Assessment	<input type="text" value="0"/>
Cancelled Review Assessment	<input type="text" value="0"/>
Final Assessment	<input type="text" value="1"/>
Cancelled Final Assessment	<input type="text" value="0"/>
Diagnostic	<input type="text" value="0"/>
Cancelled Diagnostic	<input type="text" value="0"/>

Enter the date Review Assessment or Final Assessment was performed

Enter the expected completion date (it will not ask for this if it is a Final Assessment)

Enter the practitioner who performed the assessment. If your name is not on the drop-down list please refer to the section at the end of the document called *'Adding a new practitioner to the Member Portal'*

Enter the amount of treatment sessions undertaken, the Review assessment or Final assessment report will count as one session.

Click next and it will ask you to enter details of the Review or Final assessment report

If you click cancel it will not save your changes.

Review - Step 2 - Actual Treatment Sessions

The following screen will come up.

Patient: Miss Rachel Test E Foley

Ref : TTN/130323/ACU/TEST Member : Sam Adam (Test Expert)

Review - Step 2 - Actual Treatments

1. Current Situation

1.1 Please provide any changes in background information including new medications, or deterioration in medical conditions. Please respond in a full sentence. Do not put N/A, none, single word answer or leave blank as this will be rejected.

1.2 Please provide any changes in employment status from the Initial Assessment report. Please respond in a full sentence. Do not put N/A, none, single word answer or leave blank as this will be rejected.

Please make sure you write the answer in full sentences, , if full sentences are not used the report will be rejected and returned to you to make amendments. Please refer to the example report on our home screen.

If it is a Review assessment at the end of the report you can click next to enter the further recommended sessions.

If it is a Final assessment at the end of the report you can click Finish to complete the report.

Review Received - Step 3 – Future treatment Sessions

The following screen will come up.

Patient: Miss Rachel Test E Foley

Ref : TTN/130323/ACU/TEST		Member : Sam Adam (Test Expert)
Review Received - Step 3 - Future Treatments		
Expected Completion Date		
<input type="text" value="//"/> 		
Appointment Type	Treatment Quantities	
Initial Assessment	<input type="text" value="0"/>	
Cancelled Initial Assessment	<input type="text" value="0"/>	
Treatment	<input type="text" value="0"/>	
Cancelled Treatment	<input type="text" value="0"/>	
Interim Review	<input type="text" value="0"/>	
Cancelled Interim Review	<input type="text" value="0"/>	
Review Assessment	<input type="text" value="0"/>	
Cancelled Review Assessment	<input type="text" value="0"/>	
Final Assessment	<input type="text" value="0"/>	
Cancelled Final Assessment	<input type="text" value="0"/>	
Diagnostic	<input type="text" value="0"/>	
Cancelled Diagnostic	<input type="text" value="0"/>	

Enter the expected completion date.

Enter the amount of treatment sessions recommend, the final assessment report will count as one treatment session.

When you click finish it will return you to the home page.

If you click cancel it will not save your changes.

Adding a new practitioner to the Member Portal

If the practitioner who completed the assessment name does not appear in the drop down-list, please contact Expert Liaison team on 0151 317 3344. If you are unable to get though on the telephone, then please email expertliaison@thetreatmentnetwork.co.uk. Please ensure your email includes:

- Full name of practitioner
- Specialism
- Governing bodies details
- Venue provider needs to be added onto

This way our Expert Liaison team can add the practitioner to the Member Portal and confirm when done.

Version History

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1.0	PCR00060i	New document