

Series A · Rotterdam, Netherlands

Listwell

Reads referral letters and re-triages hospital outpatient waiting lists so urgent patients are seen first

The problem

What's broken today

Hospital outpatient waiting lists in many European health systems run to tens of thousands of patients, and a referral is usually triaged once, by a busy consultant, on the day it arrives. Patients get worse while they wait, and new information sent later by GPs, such as a lab result or a second letter, often sits unread in the record.

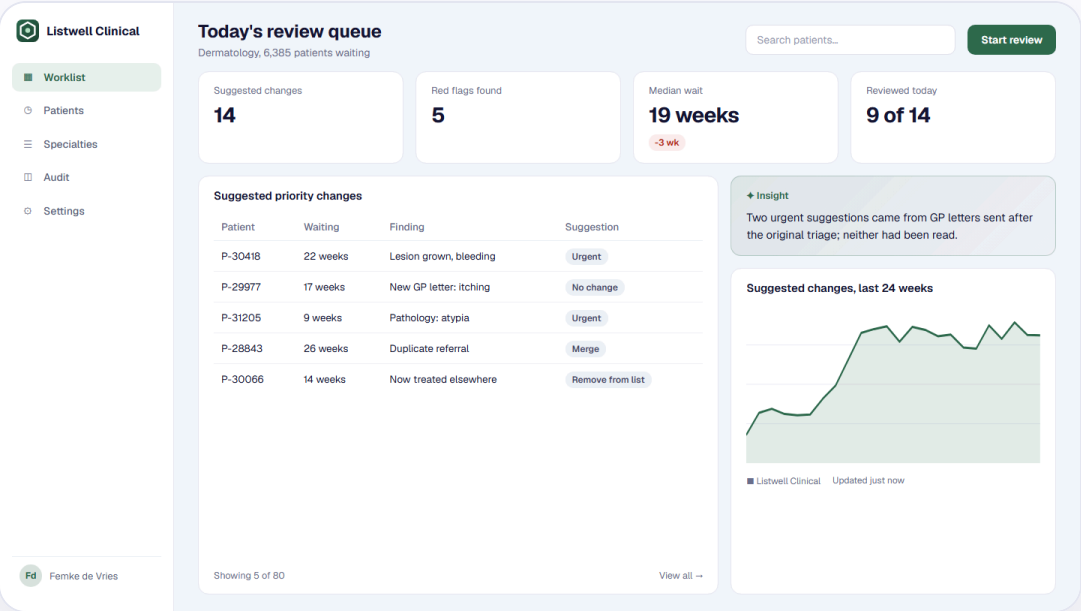


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Our solution

Listwell Clinical

Listwell reads every referral letter, GP update and lab result linked to a waiting-list patient and highlights red-flag findings for the specialty, showing the source sentence. Consultants review suggested priority changes in a short daily queue, patients whose need has not changed are left alone, and clinicians make every final decision.



Patient P-30418

 Listwell Clinical

Worklist

Patients

Specialties

Audit

Settings

Patient P-30418

Referred 22 weeks ago, routine priority

Accept urgent priority

Documents read

6

Red-flag findings

3

Suggested priority

Urgent

Confidence

High

Evidence

Date	Source	Excerpt	Flag
14 May	GP referral	Pigmented lesion, 6 mm	None
2 Aug	GP letter	Patient reports growth	Change in size
2 Aug	GP letter	Occasional bleeding	Bleeding
19 Sep	Practice nurse	Now approx. 9 mm	Change in size
19 Sep	Photo note	Irregular border	Border change

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View all →

◆ Insight

Growth and bleeding were reported after triage; the consultant sees each excerpt before deciding.

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Fd

Femke de Vries

Why now

The timing

Elective backlogs grew sharply after 2020 and have not recovered, and hospitals now have structured access to referral letters through their record systems.

Market

Public and private hospitals in the Netherlands, Germany, the Nordics and the UK running elective outpatient lists; about 2,600 acute hospitals, each spending millions a year on waiting-list management.



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How we make money

Annual licence per hospital, priced by the number of specialties live, typically US\$90K–350K a year, plus implementation fees for record-system integration.

Traction

Where we are

17

Hospitals live

US\$3.9M

Annual recurring revenue

410,000

Referrals reviewed

2,870

Patients moved up

- 17 hospitals live in three countries, US\$3.9M ARR
- 2,870 patients moved up after consultant review
- Certified as a Class IIa medical device for clinical decision support

Team

Who's building it

Fd

Femke de Vries

CEO and Co-founder

YE

Youssef El Amrani

Chief Medical Officer and Co-founder

JB

Joris Bakker

CTO

SV

Sanne Visser

Head of Clinical Safety



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Next

Where we're going

Not raising

- Add cardiology and ophthalmology pathways
- Integrate with two more hospital record systems
- Expand the clinical safety team for UK launch



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