

Waiting times for elective surgery

Long waiting times for health services is an important policy issue in many OECD countries (Siciliani et al., 2013), although less relevant in some (e.g. Belgium, France, Germany, Japan, Korea, Luxembourg, Switzerland, United States). Long waiting times for elective (non-emergency) surgery, such as cataract surgery, hip and knee replacement, generates dissatisfaction for patients because the expected benefits of treatments are postponed and the pain and disability remain.

Waiting times are the result of a complex interaction between the demand and supply of health services, with doctors playing a critical role on both sides. The demand for health services and elective surgeries is determined by the health status of the population, progress in medical technologies (including the simplification of many procedures, such as cataract surgery), patient preferences, and the burden of cost-sharing for patients. However, doctors play a crucial role in converting the demand for better health from patients into a demand for medical care. On the supply side, surgical activity rates are influenced by the availability of different categories of surgeons, anaesthetists and other staff involved in surgical procedures, as well as the supply of the required medical equipment.

The measure reported refers to the waiting time from when a medical specialist adds a patient to the waiting list for the procedure, to the moment the patient receives treatment. Both mean and median waiting times are presented. Since a number of patients wait for very long times, the median is consistently and considerably lower than the mean, and might represent a better measure for the central tendency of this indicator. The significant difference between the two measures, especially in countries such as Chile, Estonia, and Poland, highlights the presence of problematic groups of patients who wait significantly longer than others to receive treatment.

In 2015, the mean waiting time for cataract surgery was just over 37 days in the Netherlands, but much longer in Estonia and Poland (Figure 5.11), with average waiting times of 253 and 464 days respectively. Many countries, like the United Kingdom, Denmark, Spain and Chile have seen waiting times remain relatively stable over recent years. Others, shown in the trends graph, have had a general decrease in the past decade, but have increased since 2013.

For hip replacement, the mean waiting time was around 42 days in the Netherlands, but 289 days in Estonia and over 400 days in Chile and Poland (Figure 5.12). The median waiting times were around 41 days in Denmark, 49 days in Italy and 54 days in Israel. It reached between 100 and 150 days in Spain, Norway, Portugal and Australia, and over 200 days in Estonia, Poland and Chile.

Waiting times for knee replacement follows the patterns of hip replacement surgery, with Estonia and Poland having

by far the longest waiting times, with median waiting times reaching over 350 days in Poland (Figure 5.13).

Waiting time guarantees have become the most common policy tool to tackle long waiting times in several countries. This has been the case in Finland, where a National Health Care Guarantee was introduced in 2005, leading to a reduction in waiting times for elective surgery (Jonsson et al., 2013). In England, since April 2010, the NHS Constitution has set out a right to access certain services within specific maximum waiting times, or for the NHS to take all reasonable steps to offer a range of alternative providers if this is not possible (Smith and Sutton, 2013). Such guarantees are only effective if they are enforced. There are two main approaches to enforcement: setting waiting time targets and holding providers accountable for achieving these targets; or allowing patients to choose alternative health providers (including the private sector) if they have to wait beyond a maximum amount of time (Siciliani et al., 2013).

Definition and comparability

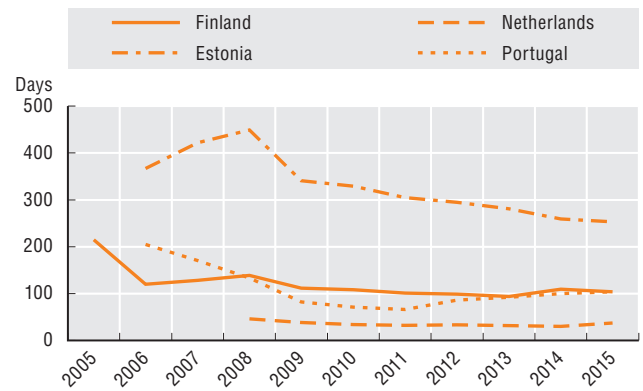
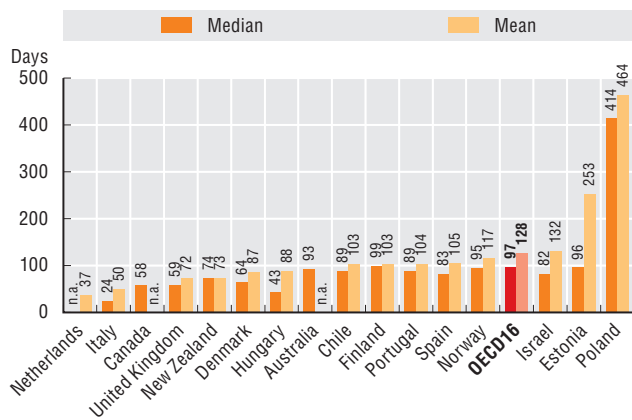
There are at least two ways of measuring waiting times for elective procedures: 1) measuring the waiting times for patients treated in a given period; or 2) measuring waiting times for patients still on the list at a point in time. The data reported here relate to the first measure (data on the second measure are available in the OECD health database). The data come from administrative databases rather than surveys.

Waiting times are reported both in terms of the average and the median. The median is the value which separates a distribution in two equal parts (meaning that half the patients have longer waiting times and the other half lower waiting times). Compared with the average, the median minimises the influence of outliers (patients with very long waiting times).

References

- Jonsson, P.M. et al. (2013), "Finland", Part II, Chapter 7 in *Waiting Time Policies in the Health Sector: What Works*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264179080-en>.
- Siciliani, L., M. Borowitz and V. Moran (2013), *Waiting Time Policies in the Health Sector: What Works?*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264179080-en>.
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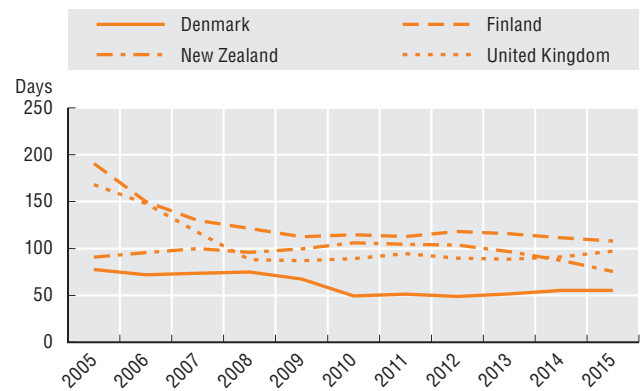
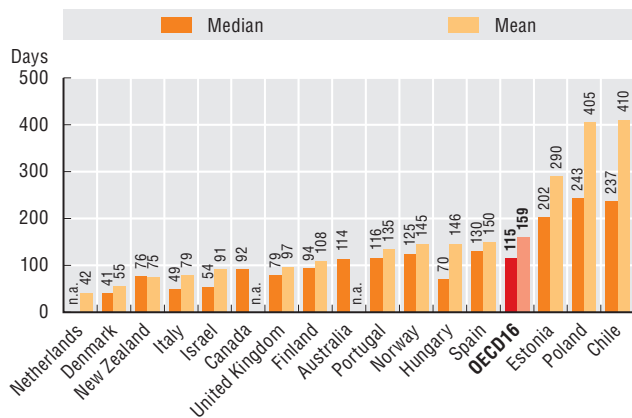
5.11. Cataract surgery waiting times, averages and selected trends, 2015



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933603298>

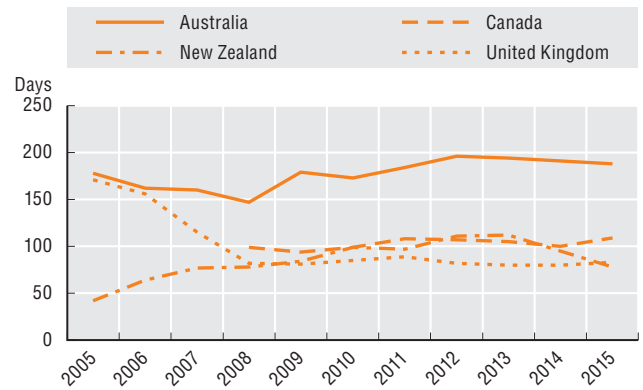
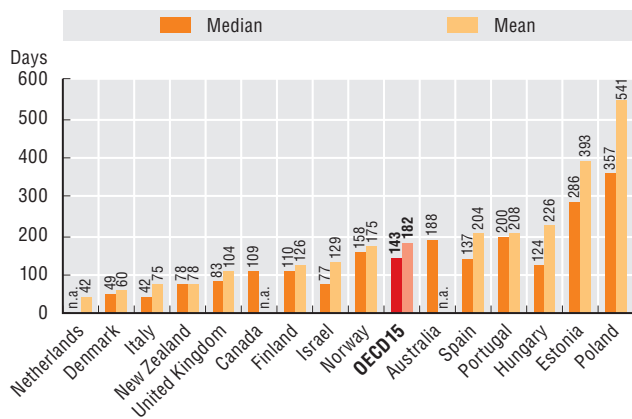
5.12. Hip replacement waiting times, averages and selected trends, 2015



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933603317>

5.13. Knee replacement waiting times, averages and selected trends, 2015



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933603336>



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