

Waiting times for elective surgery

Long waiting times for health services is an important policy issue in many OECD countries (Siciliani et al., 2013). 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 remains. While long waiting times is considered an important policy issue in many countries, this is not the case in others (e.g., Belgium, France, Germany, Japan, Korea, Luxembourg, Switzerland, United States).

Waiting times is the result of a complex interaction between the demand and supply of health services, where doctors play a critical role on both sides. The demand for health services and elective surgery is determined by the health status of the population, progress in medical technologies (including the increase ease of many procedures like cataract which can now be performed as day surgery), patient preferences (including their weighting of the expected benefits and risks), and the extent of cost-sharing for patients. However, doctors play a crucial role in converting the demand for better health from patients in a demand for medical care. On the supply side, the availability of different categories of surgeons, anaesthetists and other staff involved in surgical procedures, as well as the supply of the required medical and hospital equipment influence surgical activity rates.

The measure used here focuses on waiting times from the time that a medical specialist adds a patient to the waiting list to the time that the patient receives the treatment. Both the average waiting time and the median are presented. Because some patients wait for very long times, the average is usually greater than the median.

In 2013/14, the average waiting times for cataract surgery was just over 30 days in the Netherlands, but much longer in Chile, Estonia and Poland (Figure 7.11). In the United Kingdom, the average waiting times for cataract surgery was 72 days in 2013, slightly up from 66 days in 2007. In Portugal and Spain, waiting times fell between 2007 and 2010, but has increased since then. In Finland and Estonia, waiting times for cataract surgery has fallen steadily, although the average waiting times remains high in Estonia.

In 2013/14, the average waiting times for hip replacement was just over 40 days in the Netherlands, but around 250 days in Estonia and over 300 days in Chile and Poland (Figure 7.12). The median waiting times was around 40 days in Denmark, 60 days in Israel, and between 75 and 90 days in Hungary, the United Kingdom, Portugal, Canada and New Zealand. It reached between 120 and 150 days in Spain, Norway and Estonia, and over 200 days in Poland and Chile. As is the case for cataract surgery, waiting times for hip replacement fell in Portugal and Spain between 2007 and 2010, but has gone up since then.

Waiting times for knee replacement has come down in recent years in the Netherlands, Denmark, Finland and Estonia, although it remains very long in Estonia (Figure 7.13).

Over the past decade, 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 and led 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 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). These 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).

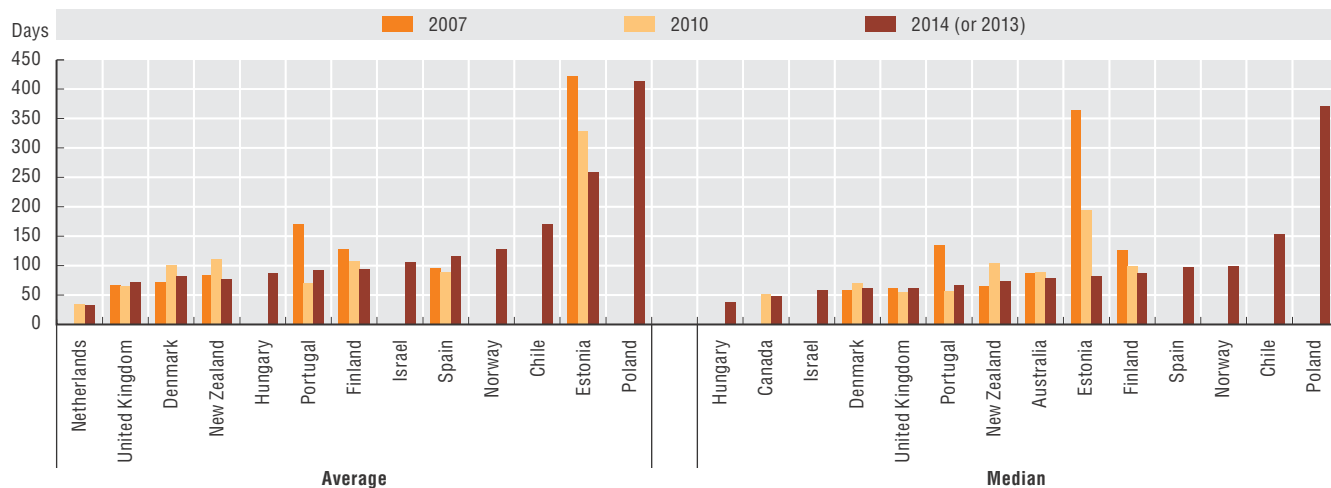
Definition and comparability

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 (not 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

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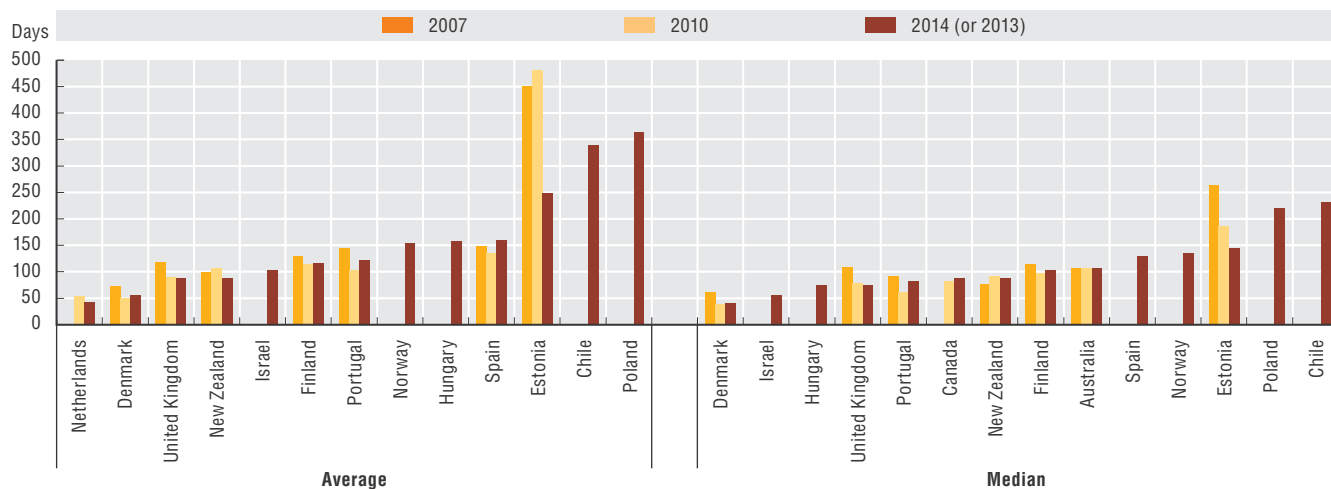
7.11. Cataract surgery, waiting times from specialist assessment to treatment, 2007 to 2014 (or 2013)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281097>

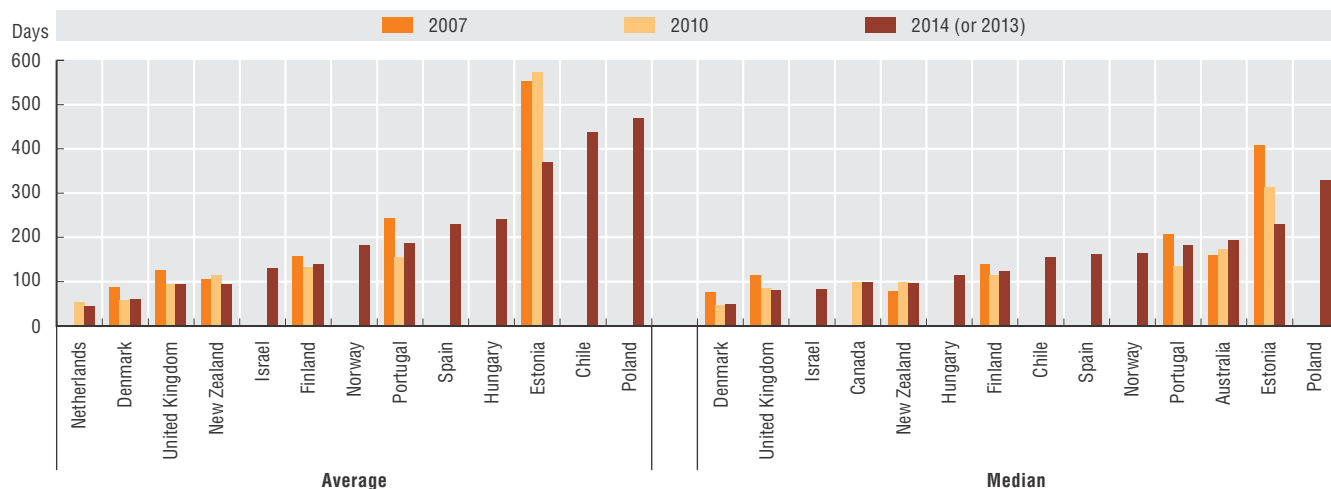
7.12. Hip replacement, waiting times from specialist assessment to treatment, 2007 to 2014 (or 2013)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281097>

7.13. Knee replacement, waiting times from specialist assessment to treatment, 2007 to 2014 (or 2013)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281097>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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