

Long waiting times for health services is an important policy issue in many European countries (Siciliani et al., 2013a). Long waiting times for elective (non-emergency) surgery generates dissatisfaction for patients because the expected benefits of treatments are postponed, and the pain and disability remains.

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 for elective surgery is determined by the health status of the population, patient preferences (including their weighting of the expected benefits and risks of different procedures), 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 equipment is likely to influence surgical activity rates.

The measure presented here focuses on waiting times from the time that a specialist adds a patient to the waiting list to the time that the patient receives the treatment. The waiting times relate to three frequent non-emergency surgical interventions: cataract surgery, hip replacement and knee replacement. Both the average waiting times and the median are presented. Because some patients wait for very long times, the average is usually greater than the median.

In 2012/13, the average waiting times for cataract surgery was just over 30 days in the Netherlands, but about three-times longer (100 days) in Spain and Finland (Figure 5.5.1). In the United Kingdom, the average waiting times for cataract surgery was almost 70 days in 2012, slightly shorter than in 2006, but longer than in 2008 and 2010. Waiting times for cataract surgery has come down over the past few years in some countries, such as the Netherlands and Denmark (and also Estonia, based on the median waiting times). In Portugal and Spain, waiting times fell between 2006 and 2010, but has increased since 2010.

In 2012/13, the average waiting times for hip replacement was less than 40 days in the Netherlands, but almost four-times longer (around 150 days) in Spain and Hungary (Figure 5.5.2). In Portugal and Finland, the average waiting times to get a hip replacement was around 120 days, while in the United Kingdom, it was 90 days. The median waiting times was about 40 days in Denmark and 75 days in Hungary. It was highest in Poland (slightly more than 200 days), followed by Spain and Estonia (around 150 days). Waiting times for hip replacement in the United Kingdom fell sharply between 2006 and 2008, but has remained stable since then. In Portugal and Spain, following significant reductions between 2006 and 2010, waiting times for hip replacement has increased since 2010.

Waiting times for knee replacement has come down over the past few years in some countries such as the Netherlands, Denmark, Finland and Estonia, although it remains very long in Estonia (Figure 5.5.3). In the United Kingdom, waiting times for knee replacement followed the same pattern as for hip

replacement: it fell markedly between 2006 and 2008, but has remained stable since then. In 2012/13, the median waiting times for knee replacement was longest in Poland, Estonia, Portugal and Spain.

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, including a right to start non-emergency treatment within a maximum of 18 weeks from referral if that is what the patient wants and is clinically appropriate (Smith and Sutton, 2013).

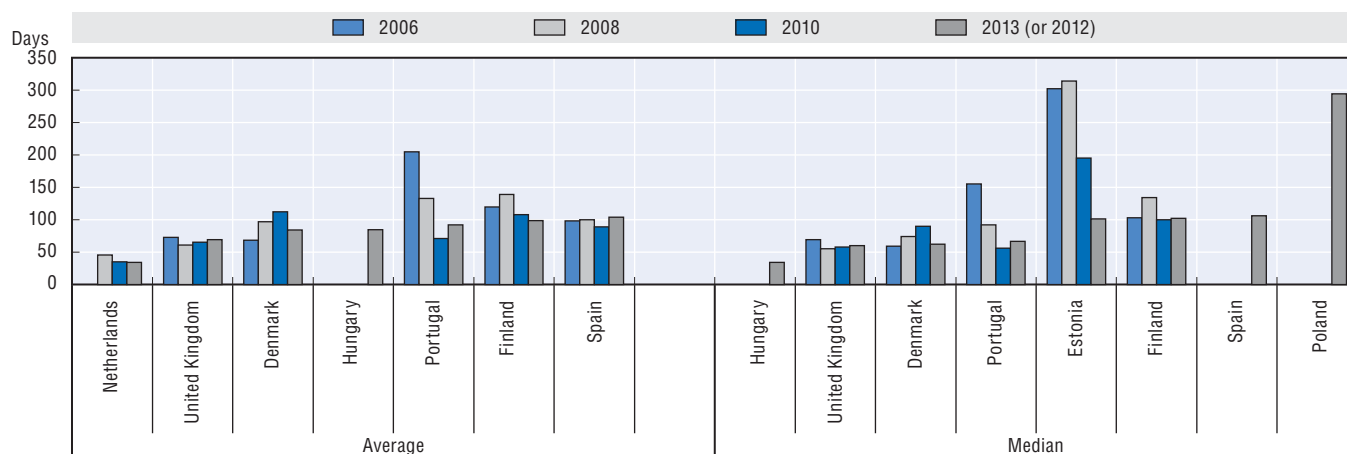
Definition and comparability

There are at least two ways of measuring waiting times for elective procedures (Siciliani et al., 2013b): 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 based on the second measure are available in *OECD Health Statistics*). 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

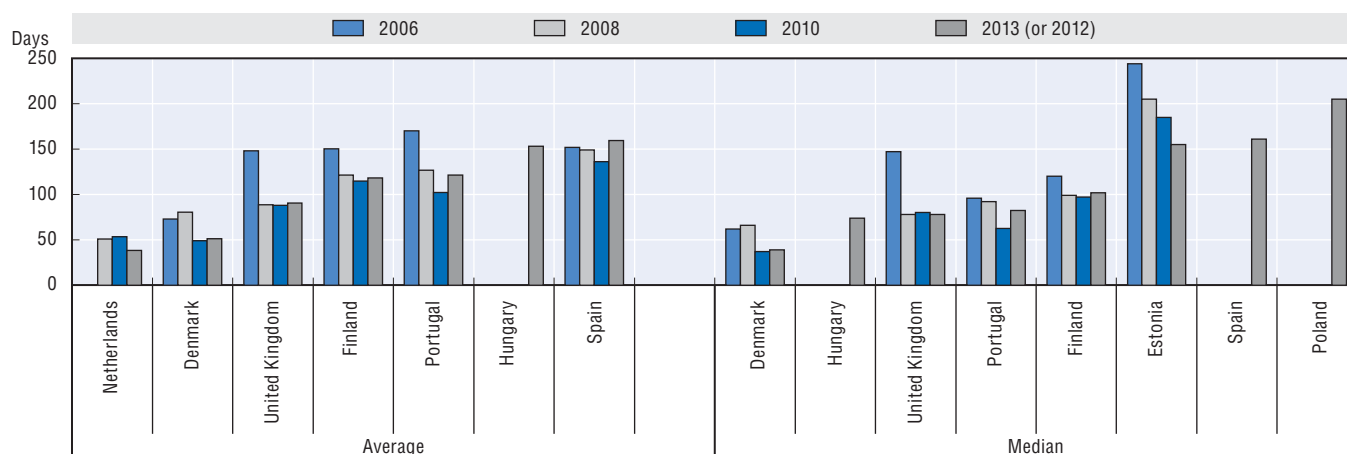
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5.5.1. Cataract surgery, waiting times from specialist assessment to treatment, 2006 to 2012/13



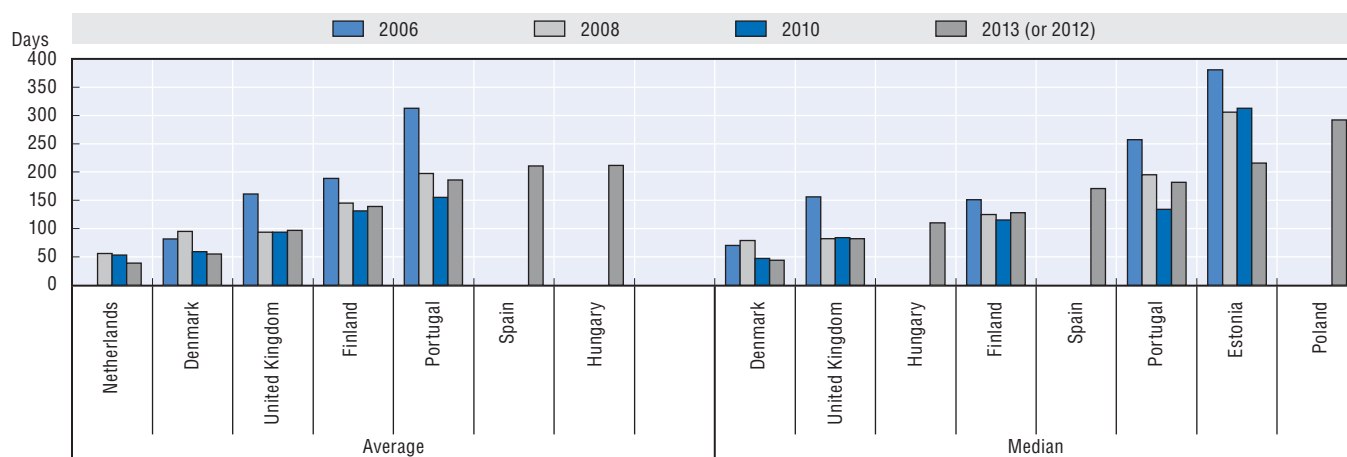
Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>.

5.5.2. Hip replacement, waiting times from specialist assessment to treatment, 2006 to 2012/13



Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>.

5.5.3. Knee replacement, waiting times from specialist assessment to treatment, 2006 to 2012/13



Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933155805>



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