

6. ACCESS TO CARE

6.7. Waiting times for elective surgery

Long waiting times for health services is an important health 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 in general and elective surgery specifically 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 is likely to influence surgical activity rates.

The measure presented 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 2012, the average waiting times for cataract surgery was just over 30 days in the Netherlands, but more than three-times higher in Finland and Spain (Figure 6.7.1). Within the United Kingdom (in England), the average waiting times for cataract surgery was slightly over 60 days in 2011 (latest year available). Waiting times for cataract surgery has come down over the past few years in some countries, but not all. In Portugal and Spain, waiting times fell significantly between 2006 and 2010, but has increased since 2010. In the United Kingdom (England), waiting times for cataract surgery came down between 2006 and 2008, but has gone up slightly since then.

In 2012, the average waiting times for hip replacement was about 40 days in the Netherlands, but above 120 days in Spain, Portugal and Finland (Figure 6.7.2). The median waiting times was between 80 to 90 days in the United Kingdom (England) and Canada, but above 100 days in Estonia,

Australia, Finland and Portugal. As was the case for cataract surgery, waiting times for hip replacement fell sharply in the United Kingdom (England) between 2006 and 2008, but has gone up slightly since then. Similarly, following significant reduction between 2006 and 2010, waiting times for hip replacement in Portugal and Spain has increased since 2010. It has also increased slightly in Canada, and more so in New Zealand.

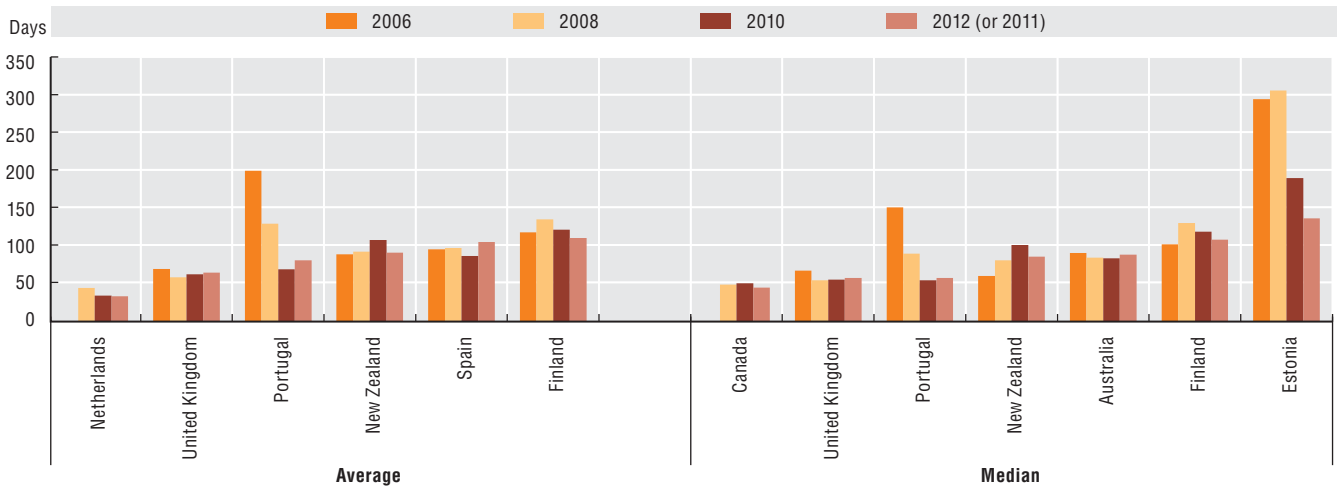
Waiting times for knee replacement has come down over the past few years in the Netherlands, Finland and Estonia, although it remains very long in Estonia (Figure 6.7.3). In the United Kingdom (England), it fell between 2006 and 2008, but has risen slightly since then. In Canada, New Zealand and Australia, waiting times for knee replacement has also increased at least slightly between 2008 and 2012.

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 for instance 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). However, 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). The data for the United Kingdom relate only to England.

6.7.1. Cataract surgery, waiting times from specialist assessment to treatment, 2006 to 2012 (or 2011)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932918776>

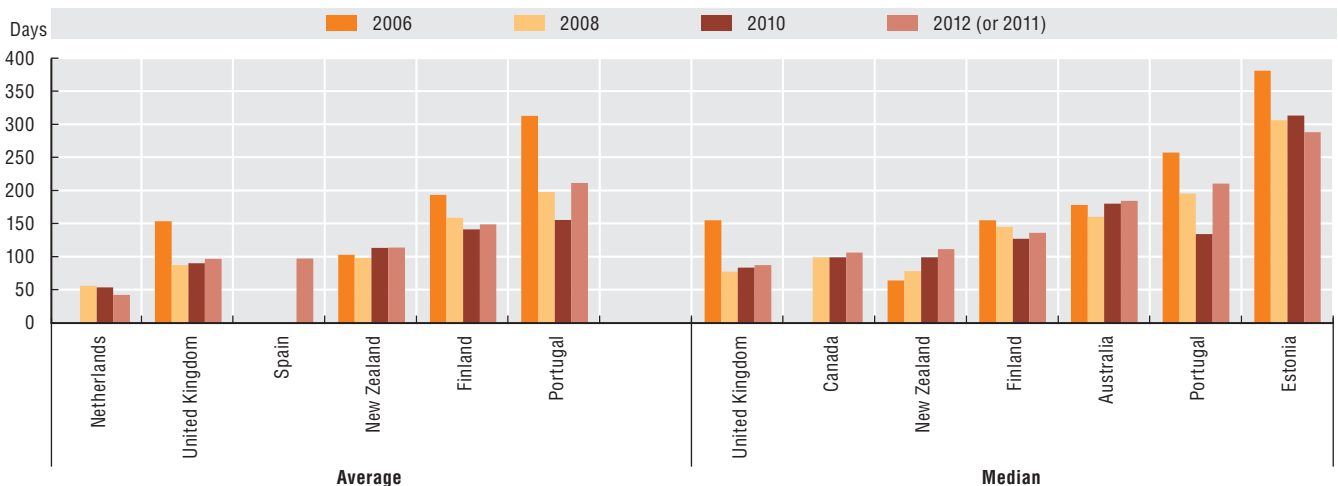
6.7.2. Hip replacement, waiting times from specialist assessment to treatment, 2006 to 2012 (or 2011)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932918795>

6.7.3. Knee replacement, waiting times from specialist assessment to treatment, 2006 to 2012 (or 2011)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932918814>



From:
Health at a Glance 2013
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2013-en

Please cite this chapter as:

OECD (2013), "Waiting times for elective surgery", in *Health at a Glance 2013: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2013-63-en

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