

## WAITING TIMES FOR ELECTIVE SURGERY

Long waiting times for elective (non-emergency) surgery are an important policy issue in many European countries as they generate dissatisfaction for patients because the expected benefits of treatments are postponed, and the pain and disability remain while waiting.

Waiting times are the result of a complex interaction between the demand and supply of health services. The demand for elective surgery is determined by the health needs of the population, progress in medical and surgical technologies, and patient preferences. However, doctors play a crucial role in the decision to operate a patient or not. On the supply side, the availability of surgeons and other staff in surgical teams, as well as the supply of the required equipment affect surgical activity rates.

The data presented here focus on two high-volume procedures: cataract surgery and hip replacement.

In 2016, the average waiting times for people who were operated on for a cataract surgery ranged from just over a month in the Netherlands, to three to four months in Finland, Spain and Portugal, and to well over a year in Poland (Figure 7.25). The median waiting times (which are lower than the average in all countries) ranged from about one month in Italy and Hungary, to about three months in Finland and Spain, but still to well over a year in Poland. Looking at trends over time, in many countries, waiting times to get a cataract surgery declined fairly rapidly up to around 2010, but have started to rise again in recent years.

The average waiting times to get a hip replacement in 2016 ranged from about one to two months in the Netherlands and Denmark, to four to five months in Hungary, Portugal and Spain, and to well over a year in Poland (Figure 7.26). The median waiting times were about 40 days in Denmark and 50 days in Italy, while they reached over 200 days in Poland and Estonia. In the United Kingdom, the waiting times for a hip replacement fell sharply up to 2008, but have remained stable since then at around 80 days. In Portugal, the waiting times for a hip replacement followed the same pattern as for a cataract surgery: they fell substantially up to 2010, but have gone up since then to over 100 days, despite a slight reduction in 2016. The waiting times for a hip replacement have also increased in Spain since 2011 and in Estonia since 2014.

Poland has the longest waiting times for both cataract surgery and hip replacement among EU countries reporting these data, and these waiting times have increased substantially since 2010. Surgical activities in Poland are constrained by the low number of surgeons and the lack of equipment. The uneven geographic distribution of resources and services also contributes to the problem: the waiting times for some surgical specialties can be very long for people living in underserved regions. The Polish government has taken a series of measures in recent years to try to reduce these long waiting times.

Looking at people who are still on the waiting lists, the percentage of patients who have been waiting for more than three months also varies widely across the group of countries for which data are available. While only about 12% of people in Sweden have been on the waiting lists for a cataract surgery or a hip replacement for more than three months, this is the case for over 85% of people in Estonia and Poland (Figure 7.27 and Figure 7.28). In Ireland, the percentage of people still on the waiting lists after three months has increased sharply between 2010 and 2016, from about 50% to 77% for cataract surgery and from about 50% to 63% for hip replacement. A number of initiatives have been launched in recent years to try to address long waiting times in Ireland, but these initiatives do not appear to have had any lasting effect.

Over the past decade, waiting time guarantees have become the most common policy tool to tackle long waiting times in several countries. However, these guarantees are only effective if they are enforced. There are two main approaches to enforcement: setting waiting time standards and holding providers accountable for achieving these standards; 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

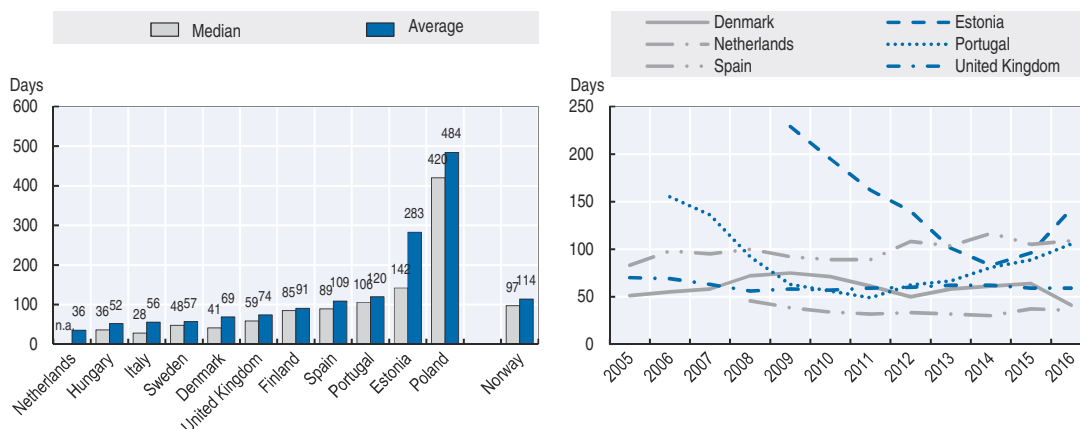
Two different measures of waiting times are presented here: 1) the period from the time that a specialist adds a patient to the waiting list for an operation to the time that the patient receives the operation; and 2) the waiting times for patients who are still on the waiting lists at a given point in time. Waiting times for the first measure are reported both in terms of the average and the median number of days. 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 come from administrative databases (not surveys). The management of administrative data can vary across countries: in some countries, patients who refuse on several occasions to receive the procedure are removed from the list, while they continue to be kept on the list in other countries (e.g. Estonia).

### Reference

Siciliani, L., M. Borowitz and V. Moran (eds.) (2013), *Waiting Time Policies in the Health Sector: What Works?*, OECD Health Policy Studies, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264179080-en>.

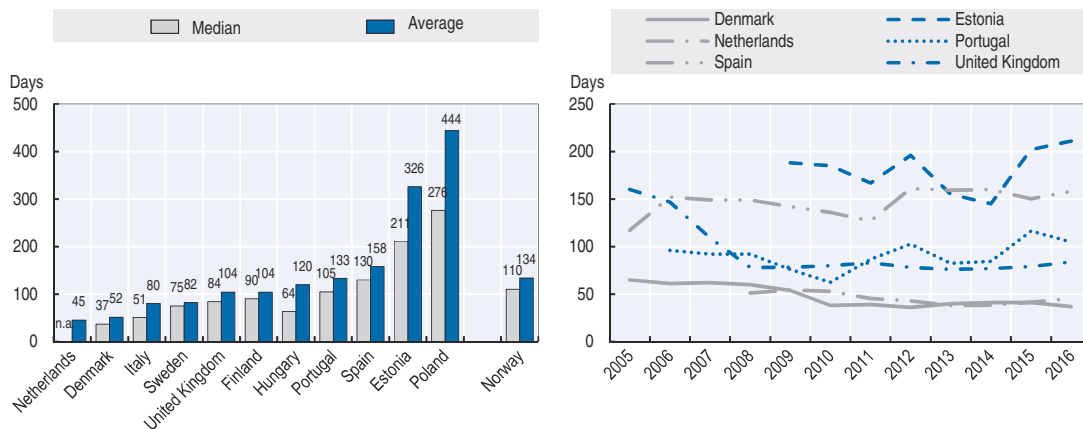
### 7.25. Waiting times of patients for cataract surgery, 2016 and trends since 2005



Note: On the right panel, data relate to median waiting times, except for the Netherlands and Spain (average waiting times).  
 Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933836656>

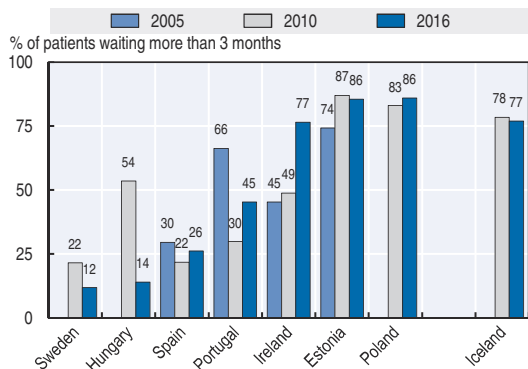
### 7.26. Waiting times of patients for hip replacement, 2016 and trends since 2005



Note: On the right panel, data relate to median waiting times, except for the Netherlands and Spain (average waiting times).  
 Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933836675>

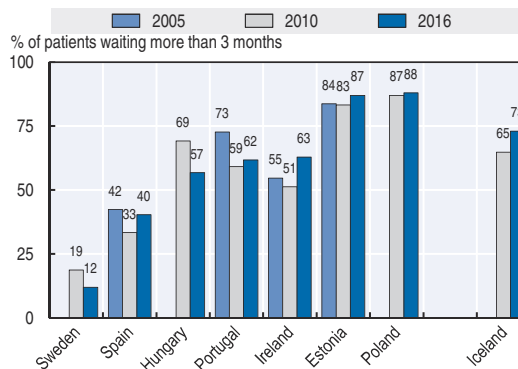
### 7.27. Waiting times of patients still on waiting list for cataract surgery, 2005 to 2016



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933836694>

### 7.28. Waiting times of patients still on waiting list for hip replacement, 2005 to 2016



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933836713>



**From:**  
**Health at a Glance: Europe 2018**  
State of Health in the EU Cycle

**Access the complete publication at:**  
[https://doi.org/10.1787/health\\_glance\\_eur-2018-en](https://doi.org/10.1787/health_glance_eur-2018-en)

**Please cite this chapter as:**

OECD/European Union (2018), "Waiting times for elective surgery", in *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris/European Union, Brussels.

DOI: [https://doi.org/10.1787/health\\_glance\\_eur-2018-55-en](https://doi.org/10.1787/health_glance_eur-2018-55-en)

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to [rights@oecd.org](mailto:rights@oecd.org). Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at [info@copyright.com](mailto:info@copyright.com) or the Centre français d'exploitation du droit de copie (CFC) at [contact@cfcopies.com](mailto:contact@cfcopies.com).