6.8. Waiting times

Patients may need to wait for health services for a number of reasons, including a lack of medical equipment or no available hospital beds, short-staffing, or inefficiencies in the organisation of services. Excessive waiting times to see a doctor or for non-emergency surgery can sometimes lead to adverse health effects such as stress, anxiety or pain (Sanmartin, 2003). Dissatisfaction and strained patient-doctor relationships also damage public perceptions of the health system.

Since most countries use their own definitions, collecting comparable data on waiting times is difficult. Multi-country patient surveys are useful, although these rely on self-report, have limited sample size and may not be consistent with administrative data.

These surveys find that waiting times vary substantially. While in some countries they are a major health policy concern, others report no significant waiting times at all. Waiting times to see a primary care physician or nurse in 2010 were low in most of the 11 countries covered by the Commonwealth Fund Survey, and only in Canada, Norway and Sweden did a significant number of patients have to wait for six days or more (Davis *et al.*, 2010).

Waiting times for specialist consultations were also higher in Canada, Norway and Sweden, with 50% or more of survey respondents waiting at least 4 weeks for an appointment (Figure 6.8.1). In Germany, Switzerland and the United States, more timely access was provided. Waiting times for elective surgeries such as cataract removal or hip replacement also show substantial differences. In 2010, a considerable proportion of patients in Canada, Sweden, Norway, the United Kingdom and Australia reported waiting four months or more for elective surgery (Figure 6.8.2) (Davis *et al.*, 2004, 2006, 2010; Schoen *et al.*, 2010).

Waiting times can vary within countries. Though very moderate waiting times for a doctor consultation are reported for Germany, patients in the eastern part of the country report waiting longer (KBV, 2010). There is evidence from several countries, including England, Germany and Austria, that persons in higher socio-economic groups or with private health insurance have shorter waiting times (Laudicella *et al.*, 2010; KBV, 2010; Statistik Austria, 2007). In Canada, women have longer waiting times for specialist consultations than men, possibly because men consult a specialist at a more advanced or acute stage of disease, and have a more urgent need for treatment (Carrière and Sanmartin, 2010).

Initiatives to cut waiting times have been launched in a number of OECD countries. In England, the government set a target in 2000 of a maximum 18 weeks from referral to treatment for elective care, and by 2008, 94% of admitted patients and 98% of non-admitted patients were treated within that time (Department of Health, 2009). These administrative data show more positive results than those reported in surveys (Figure 6.8.2). In New Zealand, waiting times for elective surgery were also addressed as a major health target and have decreased since 2005, while the access and level of services have improved substantially (MoH, 2010).

In Canada, waiting times for a set of priority areas, including hip and knee replacement and cataract surgery, were targeted in 2004 as part of the 10-Year Plan to Strengthen Health Care. The most recent assessment for 2010-11 reported eight out of ten patients receiving priority procedures within benchmarks. For hip replacement, seven out of ten provinces treated 75% of patients within 26 weeks, while the benchmark for cataract surgery (75% of patients treated within 16 weeks) was met in six provinces (CIHI, 2011).

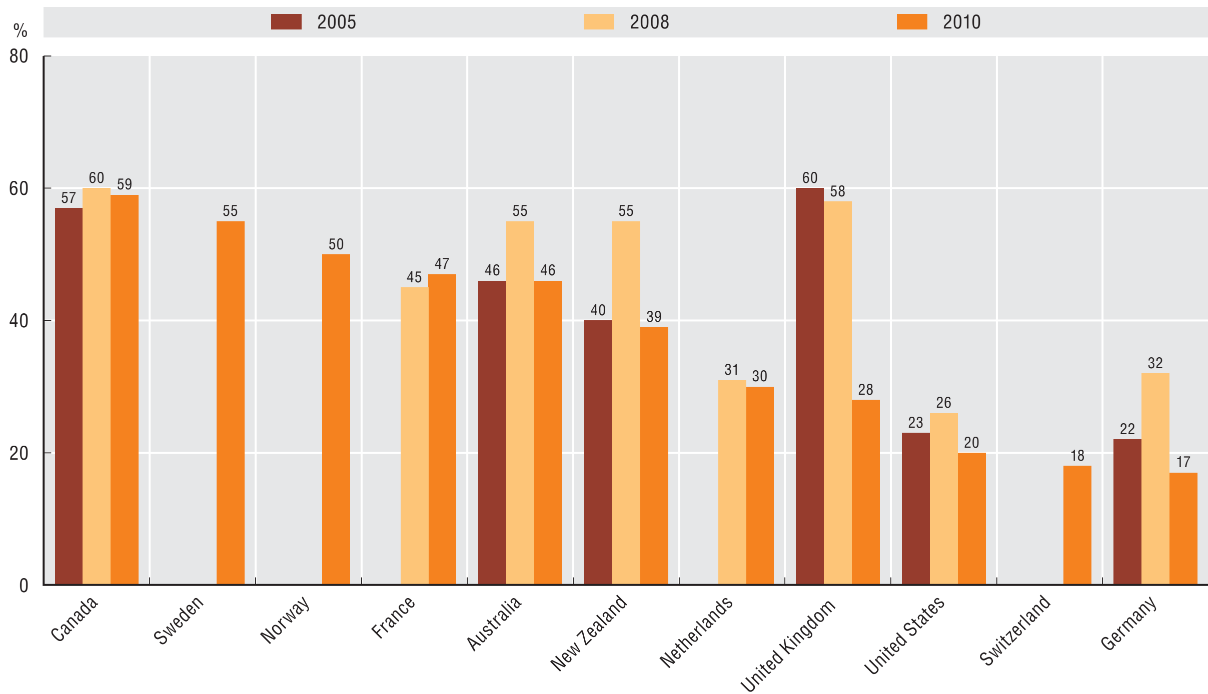
Optimum waiting times are not necessarily zero. It can be cost-effective to maintain short queues of elective patients because the adverse health consequences of short delays are minimal, and there are savings in hospital capacity from allowing queues to form (Siciliani and Hurst, 2003). They may also deter patients who stand to gain only small health benefits from demanding treatment (Laudicella *et al.*, 2010).

Definition and comparability

In the Commonwealth Fund Surveys, waiting times for doctor or nurse consultations refer to the days or weeks the patient had to wait to get an appointment when sick, or in need of medical attention. Waiting times for specialist and elective surgery was the time between the patient being advised that they needed care and the appointment. Only those respondents who had specialist consultations or elective surgery in the last year or two were asked to specify waiting times.

Since there are no universally accepted definitions of waiting times, data derived from different sources may not be fully comparable.

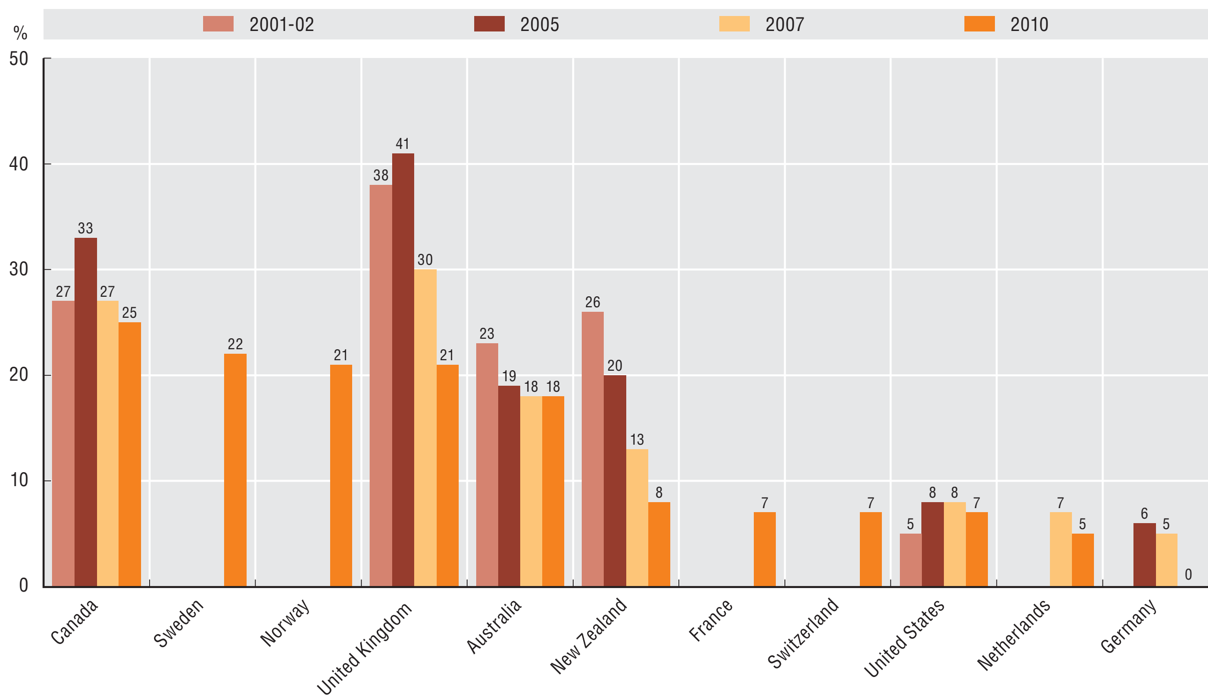
6.8.1 Waiting time of four weeks or more for a specialist appointment



Source: Commonwealth Fund International Health Policy Surveys.

StatLink http://dx.doi.org/10.1787/888932526008

6.8.2 Waiting time of four months or more for elective surgery



Source: Commonwealth Fund International Health Policy Surveys.

StatLink http://dx.doi.org/10.1787/888932526027

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