

Waiting for surgery: should waiting times be the same for all procedures?

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Waiting times for elective (i.e., non-urgent) NHS surgical procedures in England are at historically high levels. There is a single target that says people with non-cancer conditions should not wait longer than 18 weeks for treatment. However, waiting longer may have a bigger impact on people's health for some procedures compared to others. If so, then giving priority to certain types of surgery by having different waiting times targets might improve the health of the overall population.

Our research aimed to give decision-makers information on the health impact of waiting by procedure. Because they may also be interested in how waiting affects the health of particular population groups, such as those living in less well-off areas, we also explored this question to give them information on the impact on health equity.

We built a mathematical model which allowed us to estimate the health impact of waiting. We used data from a range of sources (Hospital Episode Statistics, Patient Reported Outcome Measures, Office for National Statistics) supplemented with information from the academic literature. We applied the model to eight high volume procedures: coronary artery bypass graft, cataract, cholecystectomy, hip replacement,

knee replacement, hernia, hysterectomy (for non-cancer conditions) and percutaneous coronary intervention. We estimated the health impact of waiting for each procedure. We also used a measure which captures the degree of deprivation in the areas where patients lived so that we could explore the effect of waiting on equity.

We found that waiting for a hip or knee replacement had the biggest health impact. This was largely due to the significant increase in health-related quality of life that people experience following these types of surgery. This result was also linked to our ability to measure the additional health loss due to waiting as we had access to high quality data on patients waiting for these two procedures. However, if decision-makers prioritised hip and knee replacements over and above other procedures they would also increase health inequality in the population. This is because there is a larger number of people having these procedures who belong to the most well-off groups, and they have a greater capacity to benefit from healthcare interventions.

If decision-makers only want to maximise health, our research suggests efforts should be focused on reducing the waiting time for hip and knee replacements. However, we also show that this approach would increase health inequality in the overall population. Decision-makers interested in improving health and reducing inequalities would have to weigh up the pros and cons before deciding to reduce waiting times for specific procedures.

We have only looked at part of the picture: the health impact for patients receiving the procedure. To help decision-makers consider the waiting times targets policy more fully we would need to also include the costs of procedures, as well as being aware of the practical difficulties in moving resources around the healthcare system.

Read the full details of the research in [Medical Decision Making](#) and in the [Project Report](#).

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