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WAITING TIMES FOR PUBLICLY FUNDED HOSPITAL TREATMENT HOW DOES IRELAND MEASURE UP?

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Waiting Times for Publicly Funded Hospital Treatment: How does Ireland Measure Up?¹

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INTRODUCTION

Waiting lists are a feature of all health systems and are a challenge for policymakers worldwide. They have been a significant issue in Ireland over the past decade and have been exacerbated by the COVID-19 pandemic and associated restrictions. Waiting times are used as a performance indicator of the health service and comparisons made to other OECD countries. However, limitations in Irish data collection systems have meant that comparisons have only been possible with a small number of countries. Currently, Irish waiting times measure how long people currently on the waiting list have been waiting, rather than how long those who have been treated had to wait. The current data do not, therefore, record the full wait time. The present analysis calculates waiting times for public patients who have been treated and compares them to waiting times for patients still on the list. This provides a more accurate picture of waits in Ireland and allows comparison with a wider selection of OECD countries.

DATA AND METHODS

Data were derived from the National Treatment Purchase Fund (NTPF) and OECD Health Statistics. With assistance from the NTPF, a new method for identifying the last record of a patient in the data was established. From this it was possible to calculate the number of days a patient had waited from their addition to the waiting list to their admission to hospital. Three procedures were included in this analysis – hip replacement, knee replacement, and cataract surgery.

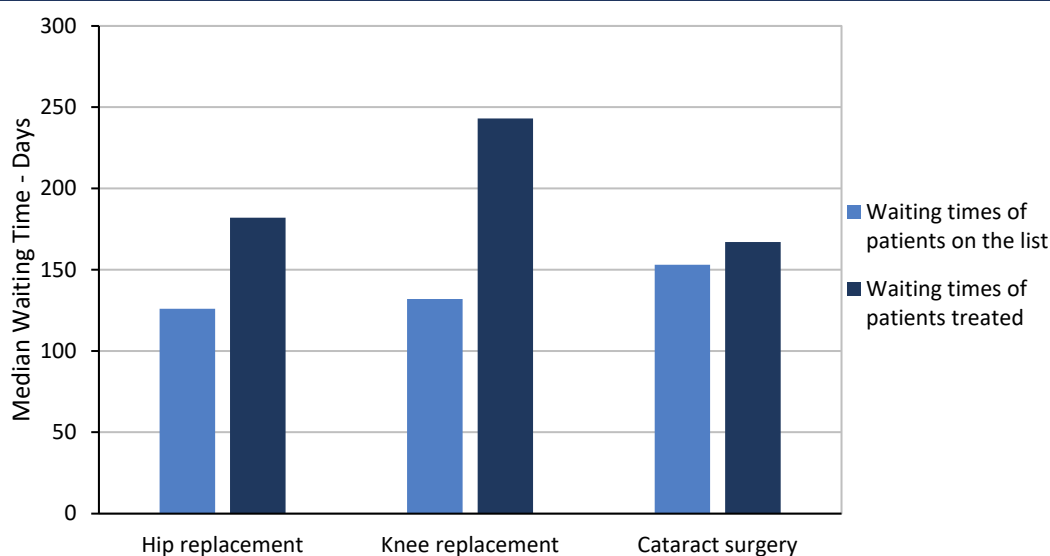
FINDINGS

In 2018 a large proportion of patients waited for more than 12 months for treatment, ranging from 16% for those receiving a hip replacement to 23% of those having a knee replacement.

¹ This Bulletin summarizes the findings from: Brick, A. and Connolly, S., “Waiting Times for Publicly Funded Hospital Treatment: How does Ireland Measure Up?”, *The Economic and Social Review*, Vol. 52, No.1 Spring 2021. Available online: <https://www.esri.ie/article/view/1470>

When measured by how long treated patients had to wait rather than waiting times for those on the list, Ireland’s waiting times are longer than previously reported (Figure 1). This is in keeping with other countries that report both measures. In terms of comparisons with other OECD countries, when waiting times of patients treated is used Ireland’s ranking fairs less well than when waiting time on the list is used for each of the three procedures. For hip replacements Ireland goes from being ranked 6th longest out of 11 countries to 3rd longest out of 17; for knee replacements from 6th longest of 11 countries to 4th longest out of 17; and for cataracts from 2nd longest of 10 countries to 3rd longest out of 17.

FIGURE 1 Waiting times of public patients on the list and patients treated in Ireland, 2018



Sources: Waiting times of patients on the list - data were extracted 1 July 2020 from OECD.Stat
Waiting times of patients treated – author calculations, NTPF 2018

DISCUSSION

The new method provides a more complete estimate of waiting times and allows comparison of waiting times in Ireland with a wider range of international comparators. It shows that measuring waiting time for those currently on the list provides an incomplete picture. However, given that total waiting times can only be produced with a time lag, there is value in the reporting of waiting times of people currently on the list, which are important from an operations and planning perspective. This is particularly relevant in the context of the Covid-19 pandemic where, given the near suspension of much non-Covid related hospital activity in Ireland during the summer of 2020, current waits for treatment have increased significantly. The Committee on the Future of Healthcare Sláintecare Report proposed ambitious waiting time targets for hospital-based activity in Ireland; however, a necessary first step in this regard is improving the data collection systems and reporting metrics in relation to waiting lists

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