

Lay Summary

Waiting Time Prioritisation in the Health Sector: Evidence from Hip Replacement Surgery

by

Panagiotis Kasteridis, Luigi Siciliani and Peter Sivey

In recent years, the time people have had to wait for planned healthcare procedures in England has been increasing. This problem worsened significantly during the COVID-19 pandemic.

One strategy to mitigate the negative effects on patients' health of long waits is to prioritise patients based on how much they need treatment. This means those with the most pressing health concerns are treated first. Our study '[Waiting Time Prioritisation in the Health Sector: Evidence from Hip Replacement Surgery](#)' looked at how hospitals in England prioritise patients for hip replacement surgery based on their health needs before the operation.

Waiting times consist of two parts. First, there is the time a patient waits to see a specialist like an orthopaedic surgeon after they receive a referral from their GP, known as the outpatient waiting time. Then, if the surgeon thinks that a hip replacement surgery is necessary, there is another wait for the surgery to take place in the hospital, known as the inpatient waiting time.

Using patient data obtained from all hospitals in England between 2015 and 2021, we found that patients with more serious health issues before the operation had shorter inpatient waiting times than those with less serious health issues. This gap became more pronounced during the Covid-19 period. We did not find differences in prioritisation for the time patients had to wait to see a specialist, the outpatient waiting time.

We showed that hospitals could generate improvements in health by changing the way they prioritise patients. Reducing waiting times for those with more serious health problems while increasing waiting times for those with less serious problems can significantly improve overall health outcomes.

Full paper available [here](#)

Contact Luigi.Siciliani@york.ac.uk

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