

*Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and the dynamic pandemic situation some of the information might be incomplete or only correct for the time being. Thus, please consider the date with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.*

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Table 1: Country responses: Waiting list for scheduled hospital care / Data on waiting times

Country	<p><b>Topic: Waiting list for scheduled hospital care / Data on waiting times</b></p> <ul style="list-style-type: none"> <li>• <b>Are waiting lists and/or wait times for the following types of scheduled hospital care an issue in your country?</b> <ul style="list-style-type: none"> <li>- Inpatient/Day Case procedures</li> <li>- Outpatient appointments (i.e., specialist assessment)</li> </ul> </li> <li>• <b>Does your country publish data on waiting lists and/or wait times for scheduled hospital care? This may include total numbers currently waiting on the list and numbers waiting over certain time bands (e.g., 12 months) for</b> <ul style="list-style-type: none"> <li>- Inpatient/Day Case procedures</li> <li>- Outpatient appointments</li> </ul> </li> <li>• <b>If yes, what breakdowns does your country report for waiting list data, which may include e.g.</b> <ul style="list-style-type: none"> <li>- Categories of waiting lists (e.g., patients waiting for an appointment date, patients who have received an appointment date and are waiting to come in)</li> <li>- Time period waiting (0-3 months, 3-6 months etc.)</li> <li>- Geographical disaggregation</li> <li>- Any other disaggregation</li> </ul> </li> <li>• <b>How are wait times measured? For example,</b> <ul style="list-style-type: none"> <li>- Outpatient waiting time: time from GP referral to specialist consultation</li> <li>- Inpatient waiting time: time from when the patient is added to the treatment waiting list to when they are treated</li> <li>- Referral to treatment waiting time: time from GP referral to treatment.</li> </ul> </li> <li>• <b>Does your country publish data on the level of inflows to and outflows from waiting lists (i.e., the numbers being added to and removed from waiting lists)?</b></li> <li>• <b>What formats are the data published in (e.g., open data, PDF reports, others)?</b></li> </ul>
Austria	<p>Wait time data are not collected uniformly on a national level, therefore national wait time statistics are not available.</p> <p>Inpatient sector: Wait times for frequent elective surgeries (e.g., hip replacement, knee replacement, cataract surgery) must be collected on a regional level and made publicly available. As a minimum legal requirement, waiting times for surgeries in the fields of ophthalmology, optometry, orthopaedics and neurosurgery have to be published. In some regions additional wait list data are published on a voluntary basis. See examples below (in German). Published data include average waiting time (in days or weeks) for the different surgeries and numbers of patients currently on waiting lists.</p> <p><a href="https://www.144.at/opwartezeit/">https://www.144.at/opwartezeit/</a>  <a href="https://gesundheitsverbund.at/op-warteliste/">https://gesundheitsverbund.at/op-warteliste/</a>  <a href="https://www.ooeg.at/ueberblick-wartezeiten-operationstermine">https://www.ooeg.at/ueberblick-wartezeiten-operationstermine</a></p> <p>Outpatient sector: Radiology clinics must publish wait times for MRI and CT scans on their websites.</p>
Belgium	Will reply in written.

<b>Czechia</b>	There is not much information about waiting times available. There is some kind of aggregated annual data, but it is just for the hospitals. So there are this kind of information. It is not published regularly, but used for analyzing it and for internal use, but there is nothing like a centralized system for waiting times.
<b>Estonia</b>	<ul style="list-style-type: none"> <li>• Cataract surgery, hip replacement, knee replacement in inpatient area</li> <li>• Data on cataract surgery, hip replacement, knee replacement are published in inpatient area as well as for outpatient appointments</li> <li>• Outpatient and inpatient waiting lists, median waiting time (days), the county of the healthcare provider (institutions) and list of the healthcare providers (institutions) by county with comparison of waiting times are reported.</li> <li>• Outpatient waiting time is measured from reservation in the digital registry to specialist consultation. The reservation requires a referral from a family doctor (except for ophthalmology and optometry, psychiatry, and dermatovenerology). Inpatient waiting time is measured by specialist assessment/referral to treatment.</li> <li>• Data on the level of inflows to and outflows from waiting lists are published.</li> <li>• Data is publicly available on Haigekassa.ee</li> </ul>
<b>Finland</b>	<p>In Finland, access to health care (waiting times) is regulated by Health Care Act (Chapter 6)  <a href="https://www.finlex.fi/en/laki/kaannokset/2010/en20101326_20131293.pdf">https://www.finlex.fi/en/laki/kaannokset/2010/en20101326_20131293.pdf</a>. THL is monitoring the access to health care and we are publishing statistics regularly.</p> <p>Unfortunately detailed information is available only in Finnish:</p> <ul style="list-style-type: none"> <li>- Statistics on access to primary health care (<a href="https://thl.fi/fi/tilastot-ja-data/aineistot-ja-palvelut/tilastojen-laatu-ja-periaatteet/laatuselosteet/hoitopaasy-perusterveydenhuollossa">https://thl.fi/fi/tilastot-ja-data/aineistot-ja-palvelut/tilastojen-laatu-ja-periaatteet/laatuselosteet/hoitopaasy-perusterveydenhuollossa</a>) and waiting times in primary health care in days (<a href="https://sampo.thl.fi/pivot/prod/fi/avohpaasy/ptjono01/summary_tiiviste4">https://sampo.thl.fi/pivot/prod/fi/avohpaasy/ptjono01/summary_tiiviste4</a>)</li> <li>- Statistics on access to specialized care (<a href="https://thl.fi/fi/tilastot-ja-data/tilastot-aiheittain/terveyspalvelut/hoitopaasy-erikoissairaanhoidossa">https://thl.fi/fi/tilastot-ja-data/tilastot-aiheittain/terveyspalvelut/hoitopaasy-erikoissairaanhoidossa</a>)</li> </ul> <p>Also National Supervisory Authority for Welfare and Health (Valvira) is monitoring health care units  <a href="https://www.valvira.fi/terveydenhuolto/valvonta/toimintayksikoiden_valvonta">https://www.valvira.fi/terveydenhuolto/valvonta/toimintayksikoiden_valvonta</a>.</p>
<b>Hungary</b>	<ul style="list-style-type: none"> <li>• Waiting times are serious issues, one of the biggest collision point about the dissatisfaction with the health care system. There is a special funding for health care providers by National Health Insurance Fund to decrease waiting lists</li> <li>• Data on waiting lists and/or wait times for scheduled hospital care are published day-to-day by National Health Insurance Fund:  <a href="https://jogviszony.neak.gov.hu/varolista_pub/">https://jogviszony.neak.gov.hu/varolista_pub/</a></li> <li>• Waiting time data are reported according to different categories, time period waiting, geographical disaggregation and health care providers</li> <li>• Outpatient waiting time: Most of the time referrals are managed by the patients, and waiting time begins when the patient is added to the treatment waiting list - logs in to special care)  Inpatient waiting time: time from when the patient is added to the treatment waiting list to when they are treated</li> <li>• There is no official public data available.</li> <li>• Data are available on the website of the National Health Insurance Fund)</li> </ul>
<b>Ireland</b>	<ul style="list-style-type: none"> <li>• Yes, waiting list/times for scheduled care (particularly Outpatient) have been an issue in Ireland for a number of years.</li> <li>• The National Treatment Purchase Fund (NTPF) has responsibility for collecting and publishing waiting list data. The NTPF collects and publishes data on Inpatient, Day Case, Planned Procedure, and Outpatient Waiting Lists. They publish total numbers currently waiting on the list and the numbers waiting by time band. Numbers are published each month and cover the period December 2014 to date.</li> <li>• Yes, <ul style="list-style-type: none"> <li>- for Inpatient/Day Case waiting lists, the NTPF provide the following categories: 'Active' (those waiting for an appointment date), 'To Come in' (those who have received appointment and are waiting to come in), and 'Suspension', (those who are temporarily unfit or unable to attend their appointment).</li> </ul> </li> </ul>



	<p>The Planned Procedure list comprises those who have had treatment and require additional treatment at a future date (e.g., a patient who has had a scope who may require surveillance monitoring scopes in the future).</p> <p>The Outpatient waiting list is broken down by patients with a scheduled appointment date for their consultation, and those awaiting an appointment date. The OP Waiting List shows the total number of people waiting, across the various time bands, for a first appointment at a consultant-led Outpatient clinic.</p> <ul style="list-style-type: none"> <li>- time bands include 0-3 months, 3-6 months, 6-9 months, 9-12 months, 12-15 months, 15-18 months, and 18+ months.</li> <li>- waiting list numbers are broken down by Hospital Group and individual hospitals.</li> <li>- IPDC and OP waiting lists are also broken down by Specialty. GI Endoscopy waiting lists are included as a separate IPDC category. The NTPF commenced publishing separate Adult and Child Waiting List Reports in April 2021.</li> </ul> <ul style="list-style-type: none"> <li>• Data are currently only published for patients on the waiting list at a point in time (i.e., does not capture the full waiting time from referral to when treatment is received).</li> <li>• Data are not currently published on the level of inflows to and outflows from waiting lists.</li> <li>• The data are published in both OpenData (<a href="https://www.ntpf.ie/home/inpatient_group.htm">https://www.ntpf.ie/home/inpatient_group.htm</a>) and PDF format (<a href="https://www.ntpf.ie/home/nwld.htm">https://www.ntpf.ie/home/nwld.htm</a>).</li> </ul>
Italy	<ul style="list-style-type: none"> <li>• In Italy the Ministry of Health has created a 'National Observatory on Waiting Lists': <a href="https://www.salute.gov.it/portale/listeAttesa/dettaglioContenutiListeAttesa.jsp?id=5235&amp;area=listeAttesa&amp;menu=vuoto">https://www.salute.gov.it/portale/listeAttesa/dettaglioContenutiListeAttesa.jsp?id=5235&amp;area=listeAttesa&amp;menu=vuoto</a> (in Italian language); The National Health System provides health services both for Inpatient/Day Case procedures and for Outpatient appointments (i.e., specialist assessment); it is a universal public system and waiting times, unfortunately, represent an issue. A 'National plan on government of waiting lists (PNGLA)' is published by the Ministry of Health at <a href="https://www.salute.gov.it/portale/listeAttesa/dettaglioContenutiListeAttesa.jsp?id=5140&amp;area=listeAttesa&amp;menu=vuoto">https://www.salute.gov.it/portale/listeAttesa/dettaglioContenutiListeAttesa.jsp?id=5140&amp;area=listeAttesa&amp;menu=vuoto</a>; In addition, each Region provides a Regional plan for government of the waiting lists (PRGLA), which are published at <a href="https://www.portaletrasparenzaservizisanitari.it/applicazionestrutture/prgla">https://www.portaletrasparenzaservizisanitari.it/applicazionestrutture/prgla</a></li> <li>• Periodic annual reports on Hospitalizations (for example, 'Hospitalization activity report on Hospital Discharge Records-HDR of 2020', are published on the web site of the Ministry of Health (in Italian language) at the following link: <a href="https://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&amp;id=1237&amp;area=ricoveriOspedalieri&amp;menu=vuotolink">https://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&amp;id=1237&amp;area=ricoveriOspedalieri&amp;menu=vuotolink</a>; Reports for the previous years, starting from 1996 onward, are also here available. It is also possible to check the waiting time for each Health Unit/Care Service/Hospital of a specific Region (<a href="https://www.portaletrasparenzaservizisanitari.it/applicazionestrutture/tempi-di-attesa">https://www.portaletrasparenzaservizisanitari.it/applicazionestrutture/tempi-di-attesa</a>). In the statistics portal of the National Agency for Health Regional Services (AGENAS) data on waiting lists are also available (<a href="https://stat.agenas.it/">https://stat.agenas.it/</a>). AGENAS recently organised a specific Workshop on the waiting list data thematic (<a href="https://www.agenas.gov.it/comunicazione/primo-piano/2154-convegno-agenas-mobilit%C3%A0-sanitaria-e-liste-di-attesa">https://www.agenas.gov.it/comunicazione/primo-piano/2154-convegno-agenas-mobilit%C3%A0-sanitaria-e-liste-di-attesa</a>).</li> <li>• In the annual reports on Hospitalizations (<a href="https://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&amp;id=1237&amp;area=ricoveriOspedalieri&amp;menu=vuotolink">https://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&amp;id=1237&amp;area=ricoveriOspedalieri&amp;menu=vuotolink</a>), main statistics of 'average waiting time before hospitalization' are usually reported at national level and by Region, by main care/surgical procedure, by kind of hospitalization (e.g. scheduled hospitalization), etc.</li> <li>• All the Italian Regions have a portal where it is possible to check the waiting times for healthcare services (<a href="https://www.portaletrasparenzaservizisanitari.it/applicazionestrutture/tempi-di-attesa">https://www.portaletrasparenzaservizisanitari.it/applicazionestrutture/tempi-di-attesa</a>); here, Inpatient waiting time (time from when the patient is added to the treatment waiting list to when they are treated) are reported by each specific Health Unit/Care Service/Hospital.</li> <li>• They are sometime available in some local healthcare services or Health Unit, but not regularly. Normally, data on average waiting time are available in PDF reports or in database (but they are not open data); <ul style="list-style-type: none"> <li>- their implementation started many years before the Covid-19 pandemic;</li> <li>- the coding system in place is the ICD;</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>- data holders are the Regions, the National Agency for Health Regional Services (AGENAS), and the Ministry of Health; they are used for analyses in general (also not scientific articles: for example <a href="https://www.corriere.it/dataroom-milena-gabanelli/sanita-liste-d-attesa-visite-ed-esami-ecco-perche-sono-sempre-piu-lunghe/316d104e-a573-11ed-80b7-8ecdec86f310-va.shtml">https://www.corriere.it/dataroom-milena-gabanelli/sanita-liste-d-attesa-visite-ed-esami-ecco-perche-sono-sempre-piu-lunghe/316d104e-a573-11ed-80b7-8ecdec86f310-va.shtml</a> (in Italian language), scientific studies regarding COVID, and COVID analyses.</li> </ul>
<b>Malta</b>	<ul style="list-style-type: none"> <li>• Data is maintained but communicated internally to Ministry.</li> <li>• Waiting lists/wait times are kept but not published publicly. Typically kept for specific surgical procedures, specific outpatient clinics and specific radiological procedures. No further disaggregations available. Wait times are usually measured between receipt of referral ticket/request and actual procedure/appt etc</li> </ul>
<b>Netherlands</b>	<ul style="list-style-type: none"> <li>• Yes, depends from the medical specialty</li> <li>• Yes</li> <li>• Waiting times are presented <ul style="list-style-type: none"> <li>- to 1) an outpatient visit, 2) a diagnostic test, and 3) treatment.</li> <li>- in days and as percentages within the 'Treek' standards. These standards are set by healthcare providers and health care insurers, and are considered as the maximum acceptable waiting times. The Treek standard for outpatient visits is 4 weeks, for diagnostic tests 4 weeks and for treatment 6 weeks (outpatient treatment) and 7 weeks (inpatient treatment).</li> <li>- for each hospital and clinic, separate for each location of the hospital/clinic.</li> <li>- for Outpatient visits: medical specialism <ul style="list-style-type: none"> <li>for diagnostic tests: type of test (like CT, echography, MRI brains).</li> <li>for treatment: type of procedure (like ablatio in cardiology, CABG, PCI, gallbladder removal)</li> </ul> </li> </ul> </li> <li>• Waiting time to <ul style="list-style-type: none"> <li>- outpatient visit: the number of calendar days between a reference day and the third option in the digital calendar system on which an imaginary patient could be seen by a medical specialist for an outpatient visit.</li> <li>- diagnostic test: the number of calendar days between a reference day and the third option in the digital calendar system on which an imaginary patient could have a diagnostic test.</li> <li>- treatment: the number of calendar days between a reference day and the day of treatment of each scheduled treatment appointment.</li> </ul> </li> <li>• No, only the waiting times are published. Every hospital/clinic has to submit waiting times once every two weeks.</li> <li>• On the website of the Netherlands Patients Federation (<a href="https://www.zorgkaartnederland.nl/wachttijden">https://www.zorgkaartnederland.nl/wachttijden</a>) and as open data (<a href="https://puc.overheid.nl/nza/doc/PUC_651798_22/1/">https://puc.overheid.nl/nza/doc/PUC_651798_22/1/</a>).</li> </ul>
<b>Poland</b>	<p>The waiting time for medical services is one of the indicators allowing for the assessment of the accessibility of the public health care system. Long waiting times for services are unfavorable both from the point of view of the patient's health and public finances. Long waiting times for some services may result in, among others: worsening of the disability and a significant decrease in the patient's quality of life, or delaying the diagnosis and starting treatment at a later stage of the disease, when the chances of cure are lower and the cost of treatment itself is much higher. In both cases, indirect costs related to lost years of work due to reduced productivity, absenteeism and premature death must be taken into account. Difficult access to medical services in the public sector also results in the outflow of patients with higher incomes to the private sector, which further deepens the differences in health and life expectancy existing in society between people with different financial status.</p> <p>The Ministry of Health of the Republic of Poland has elaborated an application <a href="https://basiw.mz.gov.pl/mapy-informacje/mapa-2022-2026/analizy/kolejki/">https://basiw.mz.gov.pl/mapy-informacje/mapa-2022-2026/analizy/kolejki/</a> which presents data on the waiting time for a medical service and the number of people waiting in individual months of 2015-2020. These data are transferred directly by medical facilities to the regional (voivodship) branches of the National Health Fund. Their verification at later stages of data processing is limited.</p> <p>The reported number of people waiting and the number of people deleted due to the performance of the service concerns the last day of the reported month, while the average waiting time is the average time of all people who have provided the service in the last 3 months. For example, the average</p>



waiting time in the report for February 2020 is the average waiting time of all persons who received the benefit from the beginning of December 2019 to the end of February 2020.

The number of people waiting for a given service is not evenly distributed among service providers providing this service, so summing up the waiting times in a given region (voivodeship) or in the whole of Poland using a simple average would not reflect the actual waiting time of an average patient. Therefore, in order to facilitate the comparison of different types of benefits and regions (voivodeships), the application presents the average waiting time indicator, which is the average of reported average waiting times weighted by the number of waiting people.

When comparing individual regions (voivodships) or services in terms of waiting time, one should take into account large differences between individual service providers. They result e.g. from the fact that patients often decide to wait longer despite the availability of a facility with a shorter time, guided by the reputation of the facility, opinion about the doctor or distance from the place of residence.

Since March 2020, due to the introduction of the COVID-19 epidemic, the obligation to report information on waiting times by medical facilities has been suspended.

Data for this month and subsequent months of 2020 are incomplete.

The tab „List of queues” (Zestawienie kolejek) presents a comparison of queues in terms of average waiting time (average of averages reported by individual healthcare providers, weighted by the number of waiting people):

- in the selected reporting period (December 2014 - November 2020)
- for the selected medical category (urgent or stable case)

In addition, the results can be filtered for the selected type of region (voivodeship), service provider or services (divided per:

- outpatient services and separately contracted
- dental treatment
- hospital treatment
- long-term care
- palliative and hospice care
- psychiatric care and addiction treatment
- medical rehabilitation)

The graph shows no more than 15 queues with the longest average waiting time, the table below the graph shows full data; both the table and the graph do not include queues of individual service providers in which the number of waiting people was lower than 0 (they do not affect the average waiting time).

The tab „One queue” (Jedna kolejka) presents a comparison of wards/clinics of individual service providers and entire provinces in terms of waiting time:

- in the selected queue
- in the selected reporting period (December 2014 - November 2020)
- for the selected medical category (urgent or stable case)

In addition, the results can be filtered for the selected region (voivodship).

The histogram shows the distribution of average waiting times among clinics/branches.

The table below the histogram presents the average waiting time, the number of people waiting and the number of people deleted (due to the provision of the service in the last month) in clinics/wards of individual service providers.

The table on the right shows a comparison of regions (voivodeships) in terms of average waiting time, number of waiting people, the longest and shortest waiting time and the number of clinics/branches that register for the selected queue.

The tab „Trends” (Trendy) shows how the average waiting time and the sum of waiting people have changed:

- in the selected queue
- in selected period (by default, data is shown from January 2017 to November 2020)



	<p>- for the selected medical category (urgent or stable case)</p> <p>In addition, the results can be filtered for the selected region (voivodship), as well as the selected service provider (using the filters in the left menu). Multiple selection is possible using the CTRL key.</p> <p>The chart shows changes in the number of people waiting (bars) and the average waiting time (line). The table shows the average waiting time, the number of people waiting and the number of people deleted (due to the provision of the service) in selected reporting periods.</p> <p>Additionally, the National Health Fund provided for an application allowing the patients to check the waiting times for a given service. The Guide on Treatment Dates <a href="https://terminyleczenia.nfz.gov.pl/">https://terminyleczenia.nfz.gov.pl/</a> is a portal that allows patients to search for the first available date, e.g. to specialist clinics. You can also find the same information on a general governmental site <a href="https://pacjent.gov.pl/terminy-leczenia">https://pacjent.gov.pl/terminy-leczenia</a></p> <p>In the search results for a given clinic or service, the patient receives information on the first free date for providing the service, information, data on the number of people waiting and contact information of the facility to which they want to apply.</p> <p>The data published in the Guide on Treatment Dates are provided by service providers, hospitals and clinics. Information about the first free time should be provided by them every working day, excluding Saturdays, Sundays and public holidays. Their introduction is a statutory obligation of healthcare entities.</p> <p>The dates given on the portal apply to patients who want to make an appointment at a specific clinic for the first time, in a specific scope. When the patient continues treatment at the clinic, the clinic arranges subsequent appointments directly and this is done independently of the National Health Fund.</p>
<b>Portugal</b>	<p>In Portugal there is a very comprehensive information system regarding waiting list, both on consultations on, on surgeries and, and even on real time information about emergencies. This system existis for more than 20 years and links all the hospitals and the waiting lists for all surgeries. And if there is a delay beyond what is expected as a guideline, the patient can go to another hospital. This way, patients receive a kind of check and can change to another hospital with less waiting time. This system has improved the response.</p> <p><a href="https://eportugal.gov.pt/en/servicos/consultar-a-lista-de-espera-para-cirurgia">https://eportugal.gov.pt/en/servicos/consultar-a-lista-de-espera-para-cirurgia</a></p>
<b>Romania</b>	<ul style="list-style-type: none"> <li>• Yes, waiting list/times for scheduled care have been an issue in Romania for a number of years.</li> <li>• Yes, day-to-day National Health Insurance Fund.</li> <li>• Waiting time data are reported according to different categories of waiting lists, time period waiting and geographical disaggregation.</li> <li>• Data are currently only published for patients on the waiting list at a point in time</li> <li>• No official public data are available.</li> </ul>
<b>Serbia</b>	<ul style="list-style-type: none"> <li>• Data on waiting lists are available for specific surgical and non surgical interventions and imaging procedures for inpatient and day case patients</li> <li>• Data in the inpatient sector are publicly available for relevant interventions</li> <li>• The data for patients are publicly available on the HIF website, the individual patients data are published, disaggregated by type of procedure and healthcare institutions in which they are waiting for procedure, with the date of adding to the waiting list. Also IPH creates yearly reports on quality indicators, that includes agregate data on number of patients waiting, average waiting time, new patients, per procedures.</li> <li>• The data of the number of added in previous year to waiting list are available in IPH reports.</li> <li>• The data is published as PDF reports and on websites.</li> </ul>
<b>Slovenia</b>	<ul style="list-style-type: none"> <li>• In Slovenia, reducing long waiting times has been one of the most important priorities on the government's health policy agenda since 2015 and was included in the Republic of Slovenia's National Resolution Plan 2016-25. (The Resolution on the National Healthcare Plan 2016–2025 'Together for a Healthy Society': <a href="https://www.uradni-list.si/_pdf/2016/Ur/u2016025.pdf">https://www.uradni-list.si/_pdf/2016/Ur/u2016025.pdf</a>; Albrecht T, Polin K, Pribaković Brinovec R, Kuhar M, Poldrugovac M, Ogrin Rehberger P, Prevolnik Rupel V, Vracko P. Slovenia: Health system review. Health Systems in Transition 2021; 23(1): pp.i–188. Slovenia: Health System Review). Data on waiting times and waiting lists - the number of patients on waiting lists of providers for outpatient and inpatient day care and elective procedures (e.g. elective cataract surgery, hernia surgery, etc.), diagnostic procedures (e.g. MRI, CT, etc.) and for the first specialist appointment (without follow-up appointments) with cardiologists, orthopaedists, ophthalmologists, etc. - are monitored and measured by the National Institute of Public Health, mandated by the Minister of Health in accordance with national legislation.</li> </ul>



• In Slovenia, data is published in the form of monthly reports on average waiting times, the number of patients on the lists and the number of patients on the waiting lists above the maximum waiting times, according to the levels of urgency specified in the medical referral (Priority 2: "fast" - 14 days, Priority 3: "very fast" - 3 or 6 months and Priority 4: "regular" - 6 or 12 months), depending on the type of health service for which the levels of urgency are defined on the basis of national legislation (see Table 1 for exceptions). In Slovenia, the maximum waiting time (MWT) is regulated by the MoH through the Patients' Rights Act and the Health Care Databases Act. MWTs are specified according to the patient's medical condition. Clinical priority for health care is indicated on the referral with priority levels 1 to 4, usually issued by family physicians or general practitioners (GP). The level of clinical priority is determined by the physician's professional decision based on medical guidelines (Table 1). The maximum waiting time (MWT) for each health services is regulated by MoH. Providers with above MWT may refer patients to another provider with a shorter waiting time. If there are no providers with a shorter waiting time, patients are referred to the national contact point for cross-border healthcare in HIIS. Patients who prefer a particular physician or provider despite APWT, or patients whose appointments have been rescheduled due to patient demand, are not eligible for cross-border health care (Rules on the referral of patients, the management of waiting lists, and the maximum permissible waiting times available from <http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV13238>).

Table 1. Urgency - priority level according to Slovenian legislation.

Urgency Level *	Urgency Level Medical Condition Information	Recommended Maximum Wait Time (MWT)**	Exceptions
Priority 1	<b>Urgent:</b> emergency medical and dental care or treatment.	24 hours	24 hours or/and 14 days for possible malignancies
Priority 2	<b>Fast:</b> the patient's medical condition requires treatment in up to 14 days.	14 days	
Priority 3	<b>Very fast:</b> the patient's medical condition requires treatment within three months.	3 months †	6 months †
		Above 3 months for exceptions	12 months ‡
Priority 4	<b>Regular:</b> the patient's medical condition requires treatment within six months.	6 months †	12 months ‡
		Above 6 months for exceptions	

Note: \* The level of clinical priority is determined by the medical specialists based on medical guidelines that are not publicly available.  
 \*\* The MWT is defined as the longest permissible waiting time that applies to all types of health services for each priority level separately, except follow-up appointments with specialists.  
 † Exclusions apply between January 21, 2018, and December 31, 2022, except for orthodontic care through the end of June 2021.  
 ‡ Orthopaedic and varicose vein surgery; oral surgery and first specialist visit, including rheumatology.  
 § Orthodontic treatment and prosthetic replacement after completion of dental treatment.

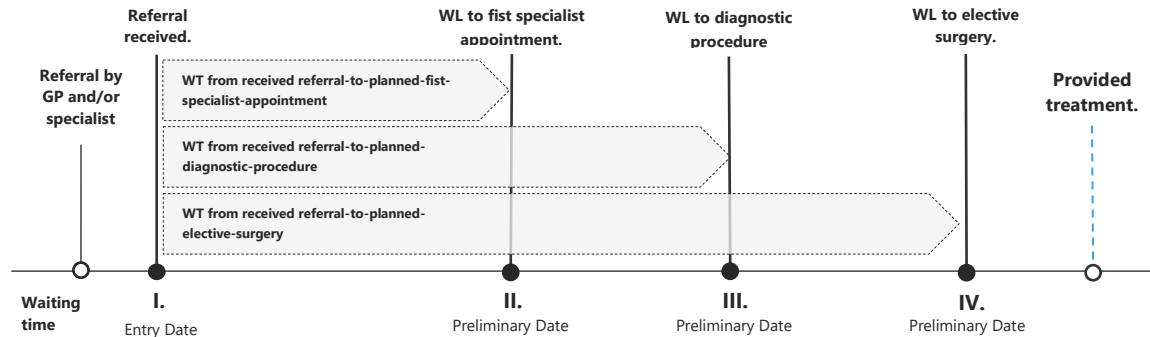
• Data on the number of patients on waiting lists and their waiting times are selected in the monthly reports according to two groups: for patients waiting for first specialist appointments (25 health services) and for patients waiting for elective and diagnostic procedures (379 health services). Data on waiting times are presented in the form of average waiting times (mean) and the total number of patients on waiting lists, separately for patients waiting longer than the maximum waiting times, selected for each type of priority level (from 2 to 4; see Table 1) and each of the 25 health services for first specialist appointment and 379 health services for elective and diagnostic procedures, according to the following indicators:

- Average WT for patients on priority 2 waiting lists.
- Average WT for patients on priority 3 waiting lists.
- Average WT for patients on priority 4 waiting lists.
- Average WT for total number of patients on waiting lists (total for priority 2, 3 and 4).
- Number of patients on priority 2 waiting list WL.
- Number of patients on the priority 2 waiting list WL, waiting above the MWT.
- Number of patients on the priority 3 waiting list WL.
- Number of patients on the priority 3 waiting list WL, waiting above the MWT.
- Number of patients on priority 4 WL.
- Number of patients on priority 4 WL, waiting above the MWT.
- The total number of patients on WL (sum for priority 2, 3 and 4).



- The total number of patients on WL (sum for priority 2, 3 and 4) waiting above the MWT.
- Data on waiting times and patients on waiting lists are submitted by healthcare providers to the eHealth system for each type of 404 healthcare services (first specialist appointment, elective and diagnostic procedures) for each priority level (from 2 to 4) (Figure 1). The Slovenian starting point for measuring waiting times begins with the referral received from healthcare providers (date of receipt; level 1) for each healthcare service and ends with the patient's placement on the healthcare providers' waiting lists by priority level (scheduled date; level II., III. or IV.).

**Figure 1. Slovenian measuring waiting time process levels.**



Note: Patients are ranked on the health care provider's waiting list by appointment (provisional or exact) for THS and by priority level. Any appointments for THS that are cancelled or postponed by providers or patients will be removed from the waiting list until a new appointment is available.

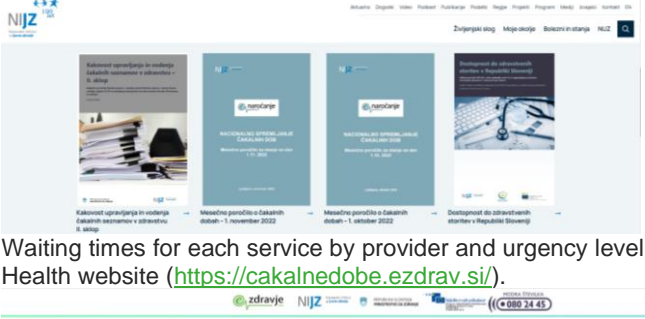
Waiting times for the provision of health services - the time from being added to the waiting list to receiving health services - are neither calculated nor measured at the national level. The average of waiting times is measured as the difference between the date the referral is received and the date the patient is placed on the waiting list for health services and the priority level. Average waiting times are imported into the national eHealth system and reported regularly once a month - for the 1st day of the month for patients waiting on waiting lists of providers in the public health network, by health service and priority level (2 or 4) (e.g., the average WT for all priority level 2 patients waiting for cataract surgery). Cancelled, postponed or unclaimed health services are excluded from the measurement. Healthcare services postponed by the patient are placed on a new (unmeasured) waiting list. Health care services cancelled or postponed by the provider remain excluded from the measurement until the provider assigns a new appointment to the patient.

- In Slovenia, we do not analyse data on the number of people placed on or removed from the waiting list. We compare changes in the number of waiting patients in the last month and changes in waiting times - which is not the same as monitoring the difference between additions and removals of patients from the waiting lists - we do not know exactly whether these are postponed appointments or actual new patients. In 2021, we started to review the quality of the data and make it available as part of the national project. An in-depth analysis of the data due to the many appointment cancellations during the Covid 19 epidemic and access to health services in the Republic of Slovenia were. The biannual report "Impact of the Covid 19 epidemic on the provision of timely medical treatment and health care" is published (Available at: [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/polletno\\_poro\\_ilo\\_projekt\\_covid\\_19\\_2021-1-1.pdf](https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/polletno_poro_ilo_projekt_covid_19_2021-1-1.pdf))
- Data is published monthly in PDF reports - on the 1st of each month (Publikacije | Nijz).



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	 <p>Waiting times for each service by provider and urgency level are publicly available and published by providers directly on the National Institute of Public Health website (<a href="https://cakalnedobe.ezdrav.si/">https://cakalnedobe.ezdrav.si/</a>).</p> <p><b>Čakalne dobe</b></p> <p>Za pravilnost podatkov o čakalnih dobah in prvih prostih terminih so odgovorni izvajalci zdravstvene dejavnosti. V primeru nejasnosti se obrnite na izvajalca zdravstvene dejavnosti.</p> <p>Čakalne dobe za zdravstveno storitev: <input type="text"/></p> <p>Izberite zdravstveno storitev: <input type="text"/></p> <p>Izberite stopnjo nujnosti: <input type="text"/></p> <p>Izberite regijo: <input type="text"/></p> <p><input type="button" value="Prikaži Čakalne dobe in termine"/></p> <p><small>Uporaba in obdelava podatkov in shranjevanje in z nastavitvami © 2023 Ministrstvo za zdravje, vsehničarje na INZ</small></p>
<p><b>Spain</b></p>	<ul style="list-style-type: none"> <li>• Yes. The waiting lists are classified according to diagnostic/therapeutic tests, scheduled surgeries or first specialist assessment. The Health Barometer is an annual opinion study carried out by the Ministry of Health in collaboration with the Spanish Sociological Research Center. Its aim is to know the degree of citizen satisfaction with public health services, the impact of measures linked to health policies and the level of knowledge of citizens and public opinion on these policies. One of the question included in the questionnaire according to waiting list is the following (November 2022): “do you think that, during the last twelve months, the problem of waiting lists has improved, worsened or remained the same? 44% of respondents thought that the waiting list system got worse?” <a href="https://www.sanidad.gob.es/estadEstudios/estadisticas/BarometroSanitario/Barom_Sanit_2022/TerceraOleada/es3385mar_terc_oleada_2022.pdf">https://www.sanidad.gob.es/estadEstudios/estadisticas/BarometroSanitario/Barom_Sanit_2022/TerceraOleada/es3385mar_terc_oleada_2022.pdf</a></li> <li>• The information system of waiting list of the National Health System is carried out by the General Secretariat of Digital Health, Information and Innovation for the National Health System of the Ministry of Health (in Spanish language) <a href="https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/ListaEspera.htm">https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/ListaEspera.htm</a> According to the last report published on June 2022, “Delays record an appreciable decrease compared to the situation prior to the pandemic: the time average waiting time is reduced by 8 days and the percentage of patients who have been in waiting list for more than six months is 2.3 points lower than in December 2019”. Every report includes data on surgery waiting lists by medical specialty (e.g. dermatology, ophthalmology, gynecology, etc.), elective procedures (cataract surgery, hernia surgery, waist prosthesis etc.), and other selective procedures (e.g. coronary bypass surgery, knee prosthesis, hysterectomy, etc.). The variables included are: patients with structural wait (patients who, at a given moment, are pending on be seen in specialized health care consultation or performing a diagnostic test/therapy, and whose waiting is attributable to the organization and available resources), rate by 1000 inhabitants, percentage of patients with more than 6 months of wait and average waiting time.</li> </ul>



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	<p>Regarding outpatient appointments, the total first specialist appointment and basic medical specialty (cardiology, neurology, traumatology, etc.) are measured as “number of pending patients per 1000 inhabitants, percentage of patients with scheduled appointment in more than 60 days and average waiting time (days)”.</p> <ul style="list-style-type: none"> <li>• Time periods reported in case of <i>outpatient appointments and diagnostic/therapeutic tests</i>: Till 30 days 31-60 days 61-90 days More than 90 days</li> <li>• Time periods reported in case of <i>surgery waiting list</i>: 0-90 days 91-180 days 181-365 days More than 365 days</li> <li>• Geographical disaggregation reported according to Spanish regions</li> <li>• <i>Average waiting time for pending patients of surgery</i> Average days of waiting time for patients on structural waiting, calculated as the difference in calendar days between the cut-off date and the date of admission (for the overall of NHS, the weighted average of the waiting times of the Spanish region is calculated). <i>Average waiting time for consultations or tests</i> Average number of calendar days that, at the time of the study, patients are waiting for a consultation or a test, calculated as the difference in calendar days between the cut-off date and the date of entry on the waiting list (for the overall of NHS, the weighted average of the waiting times of the Spanish region is calculated).</li> <li>• There are published as PDF reports each six months (June and December). Reports for the previous years, starting from 2003 onward (National data) and 2012 onward (by Spanish regions), are also here available: <a href="https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/listaEsperaInfAnt.htm">https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/listaEsperaInfAnt.htm</a> <a href="https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/ListaEsperaInfAntCCAA.htm">https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/ListaEsperaInfAntCCAA.htm</a></li> </ul> <p>Further information (only in Spanish) Criteria to guarantee a maximum time of access to the health benefits of the National Health System <a href="https://www.boe.es/boe/dias/2011/08/29/pdfs/BOE-A-2011-14190.pdf">https://www.boe.es/boe/dias/2011/08/29/pdfs/BOE-A-2011-14190.pdf</a> Measures for the homogeneous treatment of information on waiting lists in the National Health System <a href="https://www.boe.es/boe/dias/2003/06/05/pdfs/A21830-21840.pdf">https://www.boe.es/boe/dias/2003/06/05/pdfs/A21830-21840.pdf</a></p>
UK	<ul style="list-style-type: none"> <li>• Yes. See STATS-Wales for reports: <a href="https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times">https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times</a>. Similar systems exist in other UK countries</li> <li>• Yes, same URL as above</li> <li>• <a href="#">Health Boards (7 for population of 3.1M)</a> <a href="#">clinical/organisational groups e.g. cancer, eye, emergency department, emergency department – see same URL as above</a></li> <li>• Information on referral to treatment (RTT) waiting times, reported by Local Health Boards. RTT is the period of time from referral by a GP or other medical practitioner to hospital for treatment in the NHS in Wales. An RTT pathway covers the time waited from referral to hospital for treatment in the NHS in Wales and includes time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated. – see: <a href="https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment">https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment</a></li> <li>• Yes, updated monthly – see <a href="https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks">https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks</a></li> </ul>



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|  | <ul style="list-style-type: none"><li>• Open aggregated data on website- e.g. <a href="https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment">https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment</a></li></ul> |
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