

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

RECOMMENDATION No. R (99) 21

OF THE COMMITTEE OF MINISTERS TO MEMBER STATES ON CRITERIA FOR THE MANAGEMENT OF WAITING LISTS AND WAITING TIMES IN HEALTH CARE

*(Adopted by the Committee of Ministers on 30 September 1999,
at the 681st Meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of common action in the public health field;

Bearing in mind Article 11 of the European Social Charter on the right to the protection of health;

Recalling that Article 3 of the Convention on Human Rights and Biomedicine requires that Contracting Parties provide "equitable access to health care of appropriate quality";

Noting the relevance of the World Health Organisation's Health 21 programme for the European region;

Having regard to Recommendation No. R (97) 17 of the Committee of Ministers on the development and implementation of quality improvement systems (QIS) in health care;

Considering that the collection of medical data raises special concerns with regard to data protection, especially where the data are to be collected or used for purposes other than immediate health benefits to the individual;

Having regard to the Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data (ETS No. 108) and to Recommendation No. R (97) 5 on the protection of medical data;

Considering that waiting lists and waiting times have become used increasingly as benchmarks of accessibility to health care and of the overall effectiveness of the health care system;

Aware that waiting times and waiting lists give focus to particular parts of the health care system, mainly elective surgical care;

Aware that waiting lists and waiting times may appear when the demand for health care exceeds availability;

Aware that the final objective of a health care system should be to eliminate both undue delays in access to health care and undue waiting lists altogether;

Considering that policies to address waiting times will need to reflect the relative priorities for achieving improvements in the whole health system;

Conscious of the differences between member states as far as the size of the problem and approach to the management of waiting lists and waiting times in health care are concerned;

Recommends that the governments of the member states:

- review the existence and role of waiting lists and waiting times in their health care systems; and, where necessary,

- develop comprehensive and coherent strategies for the management of waiting lists and waiting times in health care, taking into account the criteria set out in the appendix to this recommendation and the principle of equity in access to health care;

- ensure that the recommendation is brought to the attention of all the relevant actors;

- adopt the legislative or other measures necessary to give effect to the principles set out in the appendix to this recommendation.

Appendix to Recommendation No. R (99) 21

General considerations

1. The health care systems in European countries are experiencing both increasing expenditures and rising demands for their services. In most countries there is a gap between what health services are able to do and what they can afford to do. One consequence of this is that some patients face delays, or waiting times, before getting specialist care and there can be waiting lists for some services. European countries have different health care systems that exist in varied political and cultural environments. The channels through which patients have access to specialist care also differ between member states and there are contrasting degrees of public and private provision and funding. The emerging issue in some countries is a risk of fast-tracking when employers send their employees directly to special services, not accessible to other patients (or register them earlier on waiting lists). The organisation and provision of health care is an important factor to consider when examining waiting times and waiting list issues. This recommendation does not deal with the issue of waiting lists for organ transplantation

2. Waiting times and waiting lists give focus to particular parts of the health care system, mainly elective surgical care, but they can not be seen in isolation. Policies to address waiting times will need to reflect the relative priorities for achieving improvements in the whole health system, including self care, social care, primary

care, preventive care, secondary care, rehabilitation and long-term care.

Policies to address waiting times will need to bear this in mind, as other services otherwise may suffer, including:

- preventive care;
- care for the elderly;
- psychiatric care;
- primary health care;
- rehabilitative services, etc.

Appropriate management of waiting times and waiting lists (where they exist) may also prevent patients from going abroad to receive care.

3. Waiting lists and waiting times are quality issues and work to reduce delays in access to care should be part of the quality improvement system or program, both at institutional, regional and national levels.

4. Waiting lists and waiting times are not necessarily representative only of the need for health care, but may reflect various aspects of the health care environment and organisation. The existence of such a system usually translates society's wish to ensure a fundamental principle: that access to health care should be available to all according to their needs, and regardless of their ability to pay.

In a system of liberal medicine, based on supply and demand, the use of waiting lists as an instrument for prioritisation does not usually exist, and preference tends to be given to other instruments aimed at reducing demand, such as co-payments.

The waiting lists may reflect an increased demand and higher expectations. They could also be manipulated by the managers and by hospital staff, especially in smaller units.

5. A goal of waiting times policies should be to ensure that access to treatment is based on transparent criteria, agreed at national level, that address the risk of deterioration both in clinical (pathological) and quality of life (functional) terms. These criteria determine thresholds for providing treatments or for determining priorities once patients are on a waiting list.

6. There is no single explanation for the existence of waiting times and it is important that their causes are investigated before any action is taken to reduce them or to allocate additional funding. Before such action is proposed, long waiting times should be analysed and any bottlenecks within the provision of care addressed through appropriate action by clinicians and hospital staff.

Criteria for assessing and treating patients

Equity

7. Within secondary care, priority should be accorded to patients needing emergency admission but policies should also be in place to improve access for patients requiring elective diagnosis and treatment. Distributions of waiting lists and waiting times are important benchmarks of equity in health services. The central principle of access to

care irrespective of the client's ability to pay should be taken into account. Access to elective care should be based on agreed criteria, and if patients are placed on waiting lists then this should be on the basis of standardised measures that can be used within all specialities and, ideally, for all procedures. These criteria and measures should be agreed at national level through an open and consultative process

Registration of patients on to a waiting list

8. All patients referred for diagnosis or for whom a decision to refer or to treat has been made should be registered by the relevant clinic or hospital and the date of the referral or decision recorded.

Consideration should be given to developing a standardised minimum data set for registration within member states that is consistent across all providers and specialities, with data ideally at the level of individual diagnoses and procedures. This should be in accordance with national and international policies applying to the collection and processing of health data

9. Once a decision to treat patients has been made, all patients should have a chance of being treated. To give a patient a place on a waiting list means a commitment to give care to that patient.

10. Patients should not be placed on a waiting list as a precautionary measure, that is, on the grounds that they will probably need treatment at some time in the future, and waiting lists should not be used as a means of gaining time.

11. The patient must have given her or his consent to be scheduled for treatment before being put on a waiting list.

Criteria for admitting patients from waiting lists

Priority must be given to patients with the greatest need for services, but waiting times should not be so long that the patients' health is at risk of deterioration. Doctors' decision-making on the individual patient's priority should be supported by nationally agreed guidelines on the criteria to be used in choosing patients for admission in order to maintain the principal goals of equity, fairness and efficiency in health care services.

13. Patients' needs and relative urgency for admission in terms of acceptable waiting times and order on waiting lists should be determined transparently, respecting the patient's preferences and developing and employing criteria that address the risk of deterioration to a patient's clinical status and their quality of life.

14. These criteria need to take account of the fact that need and urgency should never be determined on the basis of race, sex, religion or socio-economic status. Age should not be used to determine priority and should only be taken into account as an aspect of a patient's general medical condition and as a risk factor for particular treatments.

Monitoring waiting lists and waiting times

15. The different levels of organisation in health care do not have the same requirements with regard to necessary information systems to monitor waiting lists and waiting times. These systems should collect data needed to follow up and evaluate policies, and provide information about the past and current waiting list situation to all parties involved in health care decisions, that is:

- the public;

- patients;

- staff.

16 Systems developed to collect data on waiting lists and waiting times need to include arrangements for regular review and validation of waiting lists in order to ensure that they remain an accurate account of patients waiting for treatment.

Informing patients

17 Information about the patient's booking and waiting time situation shall be given directly to the patient, and if the patient has been referred by a doctor, also to this doctor:

- as soon as possible after the hospital has received a self- referral or referral from the doctor;

- at regular intervals, if a booking date has not been established;

- on each request.

18. Ideally, patients should be informed of their admission date at the time when a decision is made to admit them. This may not be possible in all cases, but all patients should be given a realistic estimation of waiting times and of the arrangements made for notifying them of their admission date.

19. Patients are entitled to have adequate information on waiting lists and waiting times in specific settings. They should have access to individualised information about their own ranking on a waiting list through a named contact within the relevant institution. Patients should be able to obtain guidance and assistance from statutory bodies or consumer organisations when interpreting such information and, where the system allows this, enables choices to be made about alternative options for treatment.

20. There should also be a requirement on patients to contact the clinic or hospital if they have decided that they no longer need the treatment, have moved or are unavailable for admission due to family or work commitments.