SWEDISH NATIONAL AUDIT OFFICE

Summary

Date: 02 June 2023
Reference number: 3.1.1-2021-0803
RiR 2023:12

Waiting for health care

– central government policy instruments for shorter waiting times are inefficient

Summary

Long waiting times have been a long-standing problem in Swedish health and medical care. The Swedish National Audit Office (Swedish NAO) has therefore examined the relevant central government policy instruments: the health care guarantee, the 'waiting list billion', and standardised care pathways in cancer care. The overall conclusion is that these policy instruments are in many ways not effective in reducing waiting times. However, with regard to standardised care pathways, some parts have functioned better. There is also a risk that the policy instruments result in patients with greater care needs being crowded out and cancer investigations that are inefficient in terms of resources.

The policy instruments are in many ways not effective in reducing waiting times

Although the *health care guarantee* has been established as a norm, the steadily increasing waiting times indicate that it is an ineffective policy instrument for reducing waiting times in health care – even though the maximum waiting times are regulated by law.

The 2009–2014 '*waiting list billion*', amounting to about SEK 6 billion in total from central government, had a short-term effect on waiting times when it was introduced, but it is unclear whether this effect was due to a real increase in the production of health care or to administrative measures such as cleared waiting

Swedish National Audit Office / Riksrevisionen
S:t Eriksgatan 117
Box 6181, 102 33 Stockholm, Sweden
+46 8 5171 40 00
www.riksrevisionen.se

lists. It is also unclear whether performance compensation schemes as a policy instrument have any effect in the long run. This is why it is important that the Government follow up the effects of the new *waiting list billion* introduced in 2019.

Standardised care pathways in cancer care, amounting to about SEK 3.6 billion from central government, has led to reduced waiting times for several types of cancer diagnoses. Standardised care pathways stimulate organisational development, which can lead to reduced waiting times. However, waiting times in cancer care still differ between regions. For standardised care pathways to have greater impact, it is important that regional management prioritise this work.

The Government should ensure that the risks of crowding out are reduced

The assessment of the Swedish NAO is that there is a risk that the policy instruments lead to crowding out. The requirement in the health care guarantee of three days for a medical assessment in primary health care is such a short time span that there is a risk that there is no time to give priority to patients with greater health care needs. With regard to standardised care pathways, the lead time targets from a well-founded suspicion of cancer to treatment threaten to result in crowding out if they are too ambitious. The audit has shown that there are indications that standardised care pathways have led to crowding out, for example among patients with benign prostate enlargement and kidney stones.

The standardised care pathways also risk leading to patients being investigated for cancer unnecessarily if the criteria for well-founded suspicion of cancer are too broad. That could lead to an inefficient use of health care resources, crowding out and worrying patients for no reason.

The Government should ensure that efforts to reduce waiting times are followed up

The health care guarantee, the waiting list billion and standardised care pathways have encouraged the regions to start registering waiting times. However, the quality of the national statistics remains a problem; the low coverage and lack of content make it difficult to use the statistics for analysis and follow up. There is also a lack of knowledge about several aspects of the results of efforts to reduce waiting times, such as the effects of the standardised care pathways on patients' health care outcome.

Central government should take greater account of regional variety in its governance

It is encouraging that the Government has worked to expand the supportive role of the National Board of Health and Welfare with regard to the regions' efforts to reduce waiting times. To increase precision, it is important that the National Board of Health and Welfare differentiates and tailors its support to differences in the regions in terms of their organisation, local governance and structural conditions.

Recommendations

The Swedish NAO makes the following recommendations.

To the Government

The following recommendations address the health care guarantee and the new waiting list billion:

- Task a suitable agency with quantitatively investigating the effect of the new waiting list billion on health care waiting times and any crowding-out effects.
- Extend the maximum waiting time to assessment in primary health care under the health care guarantee from three to seven days in order to reduce the risk of crowding out. This extension should be introduced in conjunction with a broadened assessment guarantee that also includes previously known health problems.

The following recommendations address the standardised care pathways in cancer care:

- Task a suitable agency with studying the effects of the standardised care pathways on patients' health care outcome and the quality of care.
- Ensure that lead time targets for standardised care pathways are set taking into account overall priorities in the health care sector as a whole.
- Ensure that the criteria for well-founded suspicion in standardised care pathways do not lead to an unnecessary number of people being investigated for cancer. If an unnecessary number of people are investigated, the criteria should be revised or primary health care should be given better support to interpret the criteria.

The following recommendations address the Government's work on waiting time in general:

- Ensure that there are national waiting time statistics of high quality and with high coverage that can be used for analysis and follow-up over time.

To the National Board of Health and Welfare

Differentiate the support to the efforts of the regions to reduce waiting times so that it is adapted to the regions' various organisations, approaches and conditions.