

Nevaeh Salmon

Student Number: 2521130

Module: Assessment Component 2

Lecture: Bianca Dodgen

The impact of NHS Waiting times on patient care in the UK

Introduction

This report examines the growing issue of prolonged NHS waiting times in the United Kingdom and their impact on patient outcomes and healthcare delivery. In recent years, waiting lists for appointments, treatments, specialist consultations and diagnostic services have increased significantly, placing considerable pressure on the health and social care system. Delays in accessing care can lead to worsening health conditions, increased anxiety and a reduced quality of life for patients.

This report will explore the causes and consequences of extended waiting times, evaluate relevant academic evidence and discuss appropriate research methods to investigate this issue further.

Task 1

This report focuses on the growing issue of NHS waiting times in the UK and how they affect patients and healthcare services. Over the past few years, waiting lists for operations, specialist referrals and diagnostic tests have increased significantly. The NHS has struggled to meet its target of treating 92% of patients within 18 weeks, demonstrating the seriousness of the situation (The King's Fund, 2024). Delays in accessing treatment have become one of the biggest challenges within the health and social care system, affecting service delivery, patient outcomes and overall public confidence.

Prolonged waiting times affect a wide range of patients, including those waiting for surgery, diagnostic tests and specialist appointments. Many individuals experience worsening symptoms, ongoing pain and increased stress while waiting for treatment. In some cases, delays can lead to more serious health complications. Research suggests that patients on waiting lists for extended periods often require additional healthcare support as their conditions deteriorate over time (NIHR, 2024). Government strategies such as the Department of Health and Social Care (2023) backlog recovery plan highlight efforts being made to reduce waiting times. This creates further pressure on NHS staff and resources, contributing to workforce strain and reduced efficiency within healthcare services.

This issue is important because timely access to healthcare is a fundamental principle of the NHS. When waiting times increase, patient safety and equality of access may be compromised. Reports from organisations such as the British Medical Association (2024) and The Health Foundation (2023) further highlight the scale of the NHS backlog and the challenges faced by healthcare services. International evidence also shows that similar pressures exist in other healthcare systems (Organisation for Economic Co-operation and Development, 2023). Government reports emphasise the urgency of reducing waiting lists to improve patient outcomes (UK Parliament Health and Social Care Committee, 2022).

Overall, this demonstrates the need for effective policy interventions to improve efficiency, reduce waiting times and ensure fair access to healthcare services.

Task 2

To better understand NHS waiting times in the UK, it is important to examine reliable and credible sources that provide evidence about the scale of the problem and its impact on healthcare services. Academic research and health policy organisations offer valuable insights into why waiting times have increased and how this affects both patients and providers.

Research published by The King's Fund provides detailed analysis of NHS waiting time data. Their findings show that waiting lists for elective treatment in England have increased significantly, reaching millions of patients. The report highlights that the NHS has struggled to meet the constitutional standard that 92% of patients should begin treatment within 18 weeks (The King's Fund, 2024). This evidence is valuable because it provides reliable national data and policy analysis. However, it focuses mainly on system performance and does not fully explore individual patient experiences.

Similarly, research from the Nuffield Trust (2024) explains that waiting lists increased following the COVID-19 pandemic due to postponed treatments and rising demand. The study also highlights that some patients are waiting over a year for treatment, which can have serious consequences for health outcomes. A key strength of this source is its explanation of underlying causes, including workforce shortages. However, it focuses more on system pressures and provides limited insight into the emotional impact on patients.

Research supported by the National Institute for Health and Care Research found that individuals who remain on waiting lists for longer periods often use more healthcare services while they wait (NIHR, 2024). This suggests that long waiting times may increase demand on healthcare systems rather than reduce it. This source is particularly useful as it highlights the wider impact on healthcare resources, although it focuses mainly on service use rather than patient experience.

Overall, these sources demonstrate that NHS waiting times are a complex and growing issue. While they provide strong statistical evidence and explanations of causes, there is less focus on patient experiences and long-term social impacts. Further research could explore how delays affect quality of life and identify effective strategies to reduce waiting times.

Task 3

Research methodologies play an important role in health and social care as they provide structured ways to collect and analyse data. Choosing an appropriate research method ensures that findings are reliable and relevant to the issue being studied (Braun and Clarke, 2022).

Quantitative research focuses on numerical data that can be measured and analysed statistically. It often uses tools such as surveys, questionnaires and existing datasets. This method is commonly used in healthcare research to identify patterns in areas such as waiting times and patient outcomes. It allows researchers to analyse large amounts of data and identify trends (Creswell and Creswell, 2023).

Qualitative research focuses on understanding people's experiences, opinions and perspectives. Methods such as interviews and focus groups are commonly used. This approach is valuable in health and social care as it helps explore how individuals experience healthcare services (Silverman, 2021). For example, it could be used to understand how patients feel about long waiting times and the emotional impact this has on their wellbeing.

Mixed-methods research combines both approaches, providing a more complete understanding of complex issues.

For this topic, quantitative research is the most appropriate method because NHS waiting times are primarily measured using statistical data, such as referral-to-treatment times and waiting list figures. This allows researchers to identify trends and measure the scale of delays accurately, making the findings more reliable and objective.

Task 4

Data collection methods in research include primary and secondary data. Primary data is collected directly by the researcher through methods such as interviews, surveys or observations. For example, interviews with patients waiting for treatment could provide insight into their experiences and the emotional impact of delays.

Secondary data refers to information already collected by organisations such as the NHS or government bodies. This includes reports, statistics and academic research. In this context, NHS waiting time statistics provide valuable data for analysing trends (NHS England, 2024).

Using both primary and secondary data would provide a more comprehensive understanding of NHS waiting times. Secondary data allows researchers to analyse large datasets quickly, while primary data provides detailed insights into patient experiences. However, secondary data may not always address specific research questions, while primary data can be time-consuming and require ethical approval.

Overall, combining both methods improves the reliability and validity of research, as findings are supported by both statistical evidence and real-life experiences.

Conclusion

In conclusion, NHS waiting times remain a significant challenge within the UK healthcare system. Delays in treatment affect patient outcomes, increase pressure on healthcare staff and reduce confidence in services. Evidence shows that rising demand, workforce shortages and the impact of the COVID-19 pandemic have contributed to the current backlog. Understanding this issue requires both statistical analysis and insight into patient experiences. A combined research approach using both primary and secondary data would provide the most comprehensive understanding. Addressing NHS waiting times is essential to improving patient outcomes and ensuring equal access to healthcare services.

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