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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 the recent years waiting lists for appointments, treatments, specialist consultations and diagnostic services have risen significantly causing many issues. This creates pressure across the health and social care system. Delays in accessing care can result in worsening health conditions, increased anxiety for people and 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 to investigate this issue further.

Task 1

This report focuses on the growing issues of the 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 consistently failed to meet its target of treating 92% of patients within 18 weeks, which shows how serious the situation has become (King's Fund, 2025). Delays in accessing treatment have become one of the biggest challenges within the health and social care system, causing to affect 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 most patients who are on the waiting lists for extended periods of time often require additional healthcare support because their conditions deteriorate over time (NIHR, 2024). This places further pressure on NHS staff and resources, contributing to workforce strain and difficulties.

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. Evidence indicates that waiting lists would need to reduce significantly to meet national standards again, highlighting the urgency to addressing this challenge (Wood et al., 2025). I chose this topic because it is highly relevant to current healthcare pressures in

the UK and links to my interests in health and social care. Understanding this issue will support my professional development and awareness of system improvement.

Task 2

To better understand the issue of 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 provide valuable insights into why waiting times have increased and how this affects patients and healthcare providers.

One useful source is research published by The King's Fund, which provides detailed analysis of NHS waiting time data. According to this research, waiting lists for elective treatment in England have increased significantly in recent years, reaching millions of patients waiting for care. The report highlights that the NHS has struggled to meet the constitutional standard that 92% of patients should start treatment within 18 weeks (The King's Fund, 2024). This source is valuable because it provides reliable data and policy analysis that help explain the scale of waiting time pressures within the NHS. However, the report mainly focuses on national statistics and system performance, and it does not explore in detail how long waiting times affect individual patient experiences.

Another important source comes from Nuffield Trust, which conducts independent research on healthcare systems in the UK. Their analysis shows that waiting lists increased significantly following the COVID-19 pandemic due to postponed treatments and increased demand for healthcare services. The research also highlights that some patients are waiting over a year for treatment, which can have serious consequences for health outcomes. This source is useful because it explains some of the key causes of NHS waiting times, including workforce shortages and increasing demand for services. However, one limitation is that the research mainly focuses on system pressures rather than exploring the emotional or psychological impact of waiting on patients and their families.

A third source comes from research supported by National Institute for Health and Care Research. This research found that people who remain on waiting lists for longer periods

often use more healthcare services while they wait, because their conditions may worsen over time (NIHR, 2024). This finding suggests that long waiting times may create additional pressure on healthcare systems rather than reducing demand. The source is useful because it highlights the wider impact of waiting times on healthcare resources and service delivery. However, the study focuses mainly on healthcare utilisation and does not fully explore patient experiences or potential strategies for reducing waiting lists.

Overall, these sources demonstrate that NHS waiting times are a complex and growing issue within the UK healthcare system. They provide strong statistical evidence about the scale of waiting lists and some of the factors contributing to delays. However, there are still gaps in the research, particularly regarding patient experiences and the long-term social impact of delayed treatment. Further research could explore how waiting times affect patients' quality of life and identify effective strategies to reduce waiting lists and improve access to care.

Task 3

Research methodologies play an important role in health and social care research because they provide structured ways to collect and analyse data. Choosing the correct research method helps ensure that the findings are reliable and relevant to the issue being studied. Researchers select different approaches depending on whether they want to collect numerical data or explore personal experiences (Braun and Clarke, 2021).

Quantitative research focuses on collecting numerical data that can be measured and analysed using statistical methods. This type of research often uses tools such as surveys, questionnaires and the analysis of existing datasets. Quantitative research is commonly used in healthcare studies to measure patterns and trends in areas such as service performance, waiting times and patient outcomes. This approach allows researchers to analyse large amounts of data and identify significant trends within healthcare systems (Braun and Clarke, 2021).

Qualitative research focuses on understanding people's experiences, opinions and perspectives. It usually involves research methods such as interviews, focus groups and

observations. Qualitative research is useful in health and social care because it helps researchers understand how individuals experience healthcare services and how certain issues affect their lives (Silverman, 2021). For example, qualitative research could explore how patients feel about long waiting times and the emotional impact this has on their wellbeing.

Mixed-methods research combines both quantitative and qualitative approaches within a single study. This method allows researchers to analyse numerical data while also exploring personal experiences, which can provide a more complete understanding of complex health and social care issues (Creswell and Creswell, 2023).

For this research topic, quantitative research would be the most appropriate methodology because NHS waiting times are mainly measured through statistical data, such as referral-to-treatment times and waiting list numbers. Analysing this data would allow researchers to identify trends and measure the scale of the issue.

Task 4

Data collection in research can be divided into **primary data** and **secondary data**.

Primary data refers to information collected directly by the researcher for a specific study. This can include surveys, interviews, questionnaires, or observations. For example, a researcher investigating NHS waiting times could conduct interviews with patients who are currently waiting for treatment to understand their experiences and concerns.

Secondary data refers to information that has already been collected by other researchers or organisations. Examples include government reports, healthcare statistics, and academic journal articles. In research on NHS waiting times, secondary data could include NHS waiting list statistics, policy reports, or previously published research studies.

For future research on NHS waiting times, a combination of **primary and secondary data** would be useful. Secondary data from NHS reports would help identify trends and provide statistical evidence about waiting lists. Primary data collected through patient surveys or interviews would help researchers understand how waiting times affect individuals in real life.

One advantage of using secondary data is that it is often readily available and can provide large amounts of information quickly. NHS statistics, for example, allow researchers to analyse national trends without needing to collect large datasets themselves (NHS England, 2024). However, secondary data may not always address specific research questions or provide detailed insights into patient experiences.

Primary data collection offers the advantage of gathering information that is directly relevant to the research topic. Interviews with patients could provide valuable insights into emotional and psychological impacts of waiting for treatment. However, collecting primary data can be time-consuming and may require ethical approval, particularly when working with healthcare patients.

Overall, combining both primary and secondary data would provide a more comprehensive understanding of NHS waiting times. This approach would allow researchers to analyse national trends while also exploring personal experiences of delayed healthcare.

Conclusion

In conclusion, NHS waiting times remain one of the most significant challenges facing the UK healthcare system. Long waiting lists affect patients, healthcare professionals, and organisations by delaying treatment, increasing pressure on staff, and reducing confidence in healthcare services. The research sources analysed highlight 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 evidence and insight into patient experiences. A mixed-methods research approach using both primary and secondary data would therefore provide a comprehensive understanding of the problem. Addressing NHS waiting times is essential to improving patient outcomes and ensuring equitable access to healthcare.

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