

Patients in most deprived areas wait 20 percent longer for common heart procedure

April 17 2018, by Alistair Keely



Credit: University of York

Researchers at the University of York have shown that waiting times for a common heart procedure are 20% longer for patients living in deprived areas of England compared to patients from more affluent neighbourhoods who attend the same hospital.

Twenty thousand patients a year undergo non-emergency coronary [angioplasty](#), which involves stents – small wire cages—being inserted in their coronary arteries.

The reasons behind this inequality in hospital waiting times are not known, but previous research has suggested that unconscious bias by clinicians towards more affluent patients capable of lodging effective complaints might be a factor that needs further investigation.

Other potential factors that have been considered in the past include the ability of more socially advantaged patients to better attend appointments and convince clinicians of the urgency of their case.

Professor Richard Cookson, from the University of York's Centre for Health Economics, said: "Average hospital waiting times in England have been rising since 2008, but our latest research sounds a warning signal that social inequality in waiting times for some elective procedures may also be increasing at the same time.

"To investigate this we looked at non-emergency coronary angioplasty, a common cardiovascular procedure, and compared trends in waiting times in patient groups split in equal size across different socioeconomic backgrounds.

"In the early 2000s waiting time inequality was even higher – more like a 50% gap between most and least advantaged groups – but then fell to around 10% by 2008 alongside large falls in average waiting times for surgery. After 2008, however, average waiting times started to increase, and the gap between people from affluent and disadvantaged backgrounds also appears to be creeping upwards."

Non-emergency coronary angioplasty is a procedure performed more than 20,000 times a year and helps unclog blocked arteries.

The research team found a year-on-year growth in waiting time inequalities between 2008 and 2014, although missing data after 2014 means that the team cannot conclude the gap is still growing. The team,

however, estimate that between 2008 and 2015, average angioplasty waiting times may have increased by approximately 15.4 days for deprived patients, and only by 10.7 days for affluent patients. This means that patients from deprived areas waited 52.6 days for angioplasty, compared with 44 days for affluent patients in 2015.

Recent clinical evidence has shown that medical therapy could be just as effective as coronary stents for patients with stable angina. The researchers point out, however, that inequality in waiting times for [patients](#) with other types of non-emergency coronary issues may impact health outcomes and that inequality in waiting time may be of concern on the grounds of patient experience and choice.

Dr Giuseppe Moscelli, now at the University of Surrey, led the data analysis for this project. He said: "This is not a problem of geographical resource allocation, as the inequality was evident within rather than between hospitals and we found no sign of [inequality](#) between the North and South of England.

"Rather the solutions may lie in modifying the interactions between patient and clinician, and improving the management of the [waiting list](#).

"It is difficult to say, at this stage, what these measures would look like, as more research is needed to understand what happens in the patient-clinician relationship that gives rise to this unequal experience of healthcare."

More information: Giuseppe Moscelli et al. Socioeconomic inequality of access to healthcare: Does choice explain the gradient?, *Journal of Health Economics* (2017). DOI: 10.1016/j.jhealeco.2017.06.005

Provided by University of York

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