4.3 Health services distribution

Accessible healthcare not only requires financially affordable services and an adequate workforce, but also resources which are geographically well accessible and available in a timely manner. In this subsection we focus on possible geographic and waiting time barriers to healthcare access, based on six indicators:

- Self-reported unmet medical needs due to geographic reasons and waiting time (A-13)
- Self-reported unmet dental care needs due to geographic reasons and waiting time (A-14)
- Waiting time to get an appointment with a medical specialist (A-15)
- Waiting time to get an appointment with a GP (A-16)
- Deaths among people on waiting lists for organ donations (A-17)
- Population living within 20 km of the nearest hospital (A-18)

Self-reported unmet medical needs due to geographic reasons (as main reason)

Geographic accessibility of medical care can be evaluated on the basis of the EU-SILC, measuring the people who reported unmet needs for medical care due to geographic reasons as main reason (% of respondents) (A-13a). This indicator concerns unmet needs, meaning that people, whilst they felt they needed care, did not receive it. Geographic reasons can be either excessive distance or having no means of transport. In the years 2018-2022, no respondent (0.0%) reported unmet medical needs due to geographic reasons as main reason in Belgium – a slight improvement compared to the 2014-2017 period, where this value was 0.2% (see also section 8.4). With this zero value, Belgium scored better than both the EU-14 and EU-27 averages (0.1%) in 2022. The percentages were generally very low in Europe as it only concerned unmet needs (forgone care) and only that part of it for which geographic reasons were reported as the main reason.

Comparative data are available from the HIS, though with some important differences: in the HIS, people report *delayed* healthcare (not unmet needs or forgone healthcare like in the EU-SILC), and geographic reasons can be one of the reported reasons (it should not necessarily be reported as main reason as in the EU-SILC). This resulted in slightly higher percentages. The percentage of people who had to *delay* healthcare due to distance or transport problems increased from 1.2% to 1.6% between 2013 and 2018 (most recent data available from the HIS), but also remained low compared to other EU countries. It was highest in Wallonia (2.6% in 2018) and Brussels (2.0%) and lowest in Flanders (0.9%). Delayed healthcare due to distance or transport problems was more common in low-income respondents (3.8% in the lowest income group vs. 0.6% in the highest income group, see also section 7.1) and in single-person households (2.4% compared to 1.0% in couples with children).

Self-reported unmet medical needs due to waiting time (as main reason)

Timely access to care can be measured by an indicator on the self-reported unmet needs for medical care due to waiting time as the main reason (% of respondents) (A-13b). This indicator is also based on the EU-SILC. In the years 2017-2020, no respondent (0.0%) reported unmet medical needs due to waiting time as the main reason in Belgium. In 2021, there was a small increase to 0.5%, probably due to the COVID-19 pandemic, as resources were mobilised to address the crisis (see also section 8.4). The percentage then dropped back to 0.0% in 2022. With this zero percentage, Belgium scored better than the EU-14 (1.2%) and EU-27 average (1.5%). Differences by socioeconomic status are discussed in section 7.1.

Considerably higher percentages were seen in data from the HIS on people reporting *delay* in healthcare because of waiting time. In 2018, the percentage of people who had to *delay* healthcare because it took too long to get an appointment reached 6.6% for Belgium, 9.2% in Brussels, 7.1% in Wallonia and 5.9% in Flanders. This was still less than in most other EU countries. The above mentioned differences between the questions posed in the EU-SILC and the HIS can explain part of the differences between the two sources.

Self-reported unmet dental care needs due to geographic reasons and waiting time (as main reason)

Besides the two indicators on unmet medical needs, there are two similar indicators on unmet dental care needs, also based on the EU-SILC. For the 2013-2022 period, the percentage of patients reporting unmet dental care due to geographic reasons as main reason in Belgium averaged 0.0 to 0.1%, with 0.0% in 2022 (A-14a). This is similar to the EU-14 and EU-27 averages for 2022.

People self-reporting unmet needs for dental care due to waiting time as main reason (% of respondents) (A-14b) averaged between 0.0 and 0.1% from 2013 to 2020. In 2021, there was a slight increase to 0.6%, after which it dropped back to 0.1% in 2022. Differences by socioeconomic status are discussed in section 7.1.

Waiting time to get an appointment with a medical specialist or a GP

This section discusses two patient-reported indicators pertaining to the waiting times to get an appointment, either with a medical specialist (A-15) or a GP (A-16). They are both 'patient experience' indicators, based on waiting times reported by patients in the HIS. The first of these indicators (A-15) measures how many patients asking for a face-to-face appointment with a medical specialist could only get an appointment after more than two weeks. The second indicator (A-16) measures how many patients asking for a face-to-face appointment with a GP could only get an appointment after one day or more. Patients were also asked whether they experienced those waiting times as problematic.

In 2018, 48% of patients had to wait more than two weeks for an appointment with a medical specialist, an increase of 10 percentage points compared to 2013 (38%). In 2018, this percentage was highest in Wallonia with 55.6%, versus 45.6% in Flanders and 42.5% in Brussels. In 2018, 13.5% of patients experienced the waiting time to see a specialist as problematic (22.3% among those who had to wait 2 weeks or more). In all regions except Brussels, this percentage had increased compared to 2013.

For GPs, 42.1% of patients had to wait a day or more for their appointment in 2018, compared to 30.1% in 2013. This percentage was higher in Flanders (44.9%) and Brussels (43.6%) than in Wallonia (36.3%), with an increase in all regions compared to 2013. In 2018, 3.9% of patients experienced the waiting time to see a GP as problematic (24.7% among patients who had to wait just about a week or longer).

Not only were the waiting times for GPs increasing, also an increasing number of GPs were not accepting new patients. According to a recent report from 2023, 17% of Belgian GPs do not accept new patients and 58% only accept new patients under certain conditions.[62] The percentage of GPs who do not accept new patients is highest in Hainaut (27%) and lowest in West-Flanders (8%).

Deaths among people on waiting lists for organ transplant

A very specific indicator on timely access to care can be derived from the waiting lists for organ transplant. At the end of 2022, 1 504 persons were on a waiting list for organ transplant in Belgium. However, not all of them eventually got an organ transplant; the probability of dying while on the waiting list increases with the waiting time. The indicator A-17 assesses the mortality rate in people on the waiting list, based on data from Eurotransplant, an international collaborative framework responsible for the allocation of donor organs in seven European countries. In 2022, the mortality rate among people on a waiting list for organ transplant was 6.3% in Belgium. Though this was the lowest figure in the Eurotransplant framework, efforts to reduce it further are still warranted by increasing the supply in Belgium and in the other collaborative countries.

Population living within 20 km of the nearest hospital

Another indicator on geographic accessibility assesses how many people live within 20 km of emergency and hospital care (A-18) on the basis of data from Statbel. There is not really an evidence-based maximum distance to a hospital, so this indicator should be seen as an approximation. In 2021, 99.3% of the Belgian population lived within 20 km of the nearest hospital with emergency service (87.3% lived within 10 km). In 6 provinces out of 10, 100% of the population lived within 20 km of the nearest hospital. The most striking exception was Luxembourg, where only 81% of the population lived within 20 km and 36% within 10 km of the nearest hospital in 2021.

Assessing geographic accessibility comes with some challenges. Besides the difficulty of determining the maximum distance, it would be better to have data on the time it takes to reach a hospital (considering factors like the road network, traffic, etc.) instead of the number of kilometers, but these data are not available. Only for maternity services such data are available. In a separate KCE report, we analysed the proportion of women aged 15 to 49 years who live within 30 minutes of the closest maternity service (based on the average travel time by car on a normal weekday). In 2019, 99.8% of women lived within 30 minutes of one or more maternity services and 100% lived within 45 minutes of the nearest maternity service.

Conclusion

Geographic accessibility in Belgium is generally good, with the EU-SILC reporting no respondents with unmet needs for medical care due to geographic reasons as main reason, and Statbel reporting 99.3% of the Belgian population living within 20 km of the nearest hospital.

Timely accessibility of medical care, on the other hand, deteriorated between 2013 and 2018. The EU-SILC reported a zero percentage for unmet needs for medical care due to waiting time as main reason in Belgium, but these data only give a narrow view on accessibility as they only report unmet needs (i.e. care not received) because of waiting time. When we look at data from the HIS, on people reporting delay in healthcare, we see generally higher percentages. Data from the HIS also showed an increase in waiting time to get an appointment with a medical specialist or GP from 2013 to 2018. Furthermore a recent report from 2023, commissioned by the FPS Public Health, revealed that 17% of GPs do not accept new patients.

Table 9 – Accessibility: Indicators on health services distribution

(ID) Indicator		Score	Belgium	Year	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
Health services distribution – unmet needs (forgone healthcare)										
A-13a *NEW*	People with self-reported unmet need for medical care indicating geographic reasons (too far for travel or no means of transport) as main reason (% of respondents, EU-SILC)	ST	0.0	2022	0.0	0.1	0.1	EU-SILC	0.1	0.1
A-13b *NEW*	People with self-reported unmet need for medical care indicating waiting time as main reason (% of respondents, EU-SILC)		0.0	2022	0.0	0.1	0.1	EU-SILC	1.2	1.5
A-14a *NEW*	People with self-reported unmet need for dental care indicating geographic reasons (too far for travel or no means of transport) as main reason (% of respondents, EU-SILC)	ST	0.0	2022	-	-	-	EU-SILC	0.0	0.0
A-14b *NEW*	People with self-reported unmet need for dental care indicating waiting time as main reason (% of respondents, EU-SILC)		0.1	2022	-	-	-	EU-SILC	0.7	0.7
Health services distribution – waiting time (delays in healthcare)										
A-15	Patients who experienced a waiting time of more than two weeks to get an appointment with a medical specialist (% of respondents who consulted a medical specialist in past year, HIS)		48.4	2018	45.6	**55.6**	42.5	HIS	-	-
A-16 *NEW*	Patients who experienced waiting time of one day or more to get an appointment with a GP (% of respondents who consulted a GP in past year, HIS)		42.1	2018	**44.9**	36.3	**43.6**	HIS	-	-
Health services distribution - other										
A-17 *NEW*	Deaths among people on waiting lists for organs (% of the population on waiting list)	C	6.3	2022	-	-	-	Eurotransplant	8.9*	-
A-18 *NEW*	Population living within 20 km of the nearest hospital (% of the population)		99.3	2021	100.0	97.7	100.0	Statbel	-	-

Good (●), average (●) or poor (●) results, globally stable (ST), improving (+) or trend not evaluated (empty).
For contextual indicators (no evaluation): upwards trend (↗), stable trend (→), downwards trend (↘), no trend (C).

** Eurotransplant countries*