

# STUDY ON THE SNS 24 LINE

## THE IMPACT ON ACCESS TO HEALTHCARE SERVICES

### Executive Summary

The SNS 24 Line, as a central telephone system for screening, guiding, and advising patients, aims to ensure that the National Health Service (SNS) users have access to the services and health care they need, at the right time.

Among the rights of users arising from the use of this line, it is important to emphasize (i) the priority given to referred users over other users with the same level of clinical priority in the context of care in SNS hospital establishments (CSH), (ii) the exemption from paying user fees for patients referred to the emergency service, and (iii) the application of Guaranteed Maximum Response Times (TMRG) for patients referred to primary health care (CSP).

Given the growing importance of the SNS 24 Line in managing user access to SNS institutions and considering the role of the Portuguese Health Regulatory Authority (ERS) in "guaranteeing users' rights relating to access to health care, the provision of quality health care, as well as other users' rights", as set out in point b) of article 5 of its Statutes, approved by Decree-Law 126/2014, of August 22<sup>nd</sup>, it was carried out a study on the operation of the SNS 24 Line, to analyse referrals to SNS providers, by type of destination unit, and the procedures for coordination between the SNS 24 Line and SNS institutions.

This study, initiated in 2023, was based, among other things, on (i) complaints received by the ERS regarding the operation of the SNS 24 Line (covering the period between January 1st, 2015, and May 31st, 2023) and (ii) information collected from Shared Services of the Ministry of Health (SPMS) regarding the activity of the SNS 24 Line between the years of 2019 and 2022<sup>1</sup>.

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<sup>1</sup> At the time the information needed for this study was collected, data for 2023 was not available. It should also be noted that collecting the information from the SPMS required clarification sessions to obtain and make available the information needed to prepare the study, which led to a lengthy drafting process.

As regards the complaints received by the ERS concerning the operation of the SNS 24 Line, there was a higher volume of complaints related to the articulation between the SNS 24 Line and the providers located in the region Lisboa e Vale do Tejo, both in absolute and relative terms, considering the ratio of complaints per 100,000 inhabitants. From the complaints analysed, it was also verified that the most frequently reported constraint was the referral of users to CSP units without service capacity (58%).

From the analysis of the SNS 24 Line's activity, based on the data provided by the SPMS, regarding calls made between 2019 and 2022, it was found that the activity of the service for the care, screening, and monitoring of users (STAE) had followed, with remarkable similarity, the pattern of new confirmed cases of COVID-19 in Portugal. Specifically, the volume of STAE activity between 2019 and 2022 increased from 1,331,675 to 8,164,523 telephone calls per year due to the preponderance of the SNS 24 Line within the scope of the national strategy to combat COVID-19, namely concerning the clinical screening of users (e.g. identification of users with symptoms suspected of COVID-19, referral to specialized structures, if necessary, issuance of Provisional Declarations of Prophylactic Isolation, among others).

The increase in operational activity recorded between 2021 and 2022 – corresponding to the COVID-19 pandemic period – did not translate into an increase in patient referrals to health establishments. An analysis of the available data showed that, of the contacts made to the SNS 24 Line, 76% involved self-care advice, and 23% involved a referral to a healthcare establishment (CSH/CSP).

An analysis of the referrals made by the SNS 24 Line to Emergency Units (ER) in the years considered showed that 61% of users were admitted to the ER, and 26% were admitted within an hour of the telephone call. Conversely, 39% of users were not admitted to the ER, even though they had been referred by the line for this purpose.

Of those admitted to the ER, 47% were given a low priority (green wristband), and 1% of cases were considered non-urgent (blue wristband). Of the patients who were given low priority, 7% ended up leaving the healthcare establishment, and in 2% of cases, the admission resulted in hospitalization.

It was found that the higher the level of clinical priority, the higher the proportion of patients admitted to hospital. Of the patients given urgent priority, 4% left the healthcare establishment, 6% were admitted to the hospital; and of the patients who were given very urgent priority, 18% were admitted to the hospital.

After analysing the articulation between the SNS 24 Line and the SNS healthcare establishments, specifically concerning compliance with users' rights of access to these

establishments – granting precedence in cases of identical clinical priority – it was found that 35 of the 40 points on the SNS hospital emergency/urgent care network have automatically implemented the identification of users referred by the SNS 24 Line in the computer system (along with users referred by the CSP) and that three entities have internal procedures in this regard.

From the analysis of emergency episodes between January 1st and December 31st, 2022, and considering the clinical priorities under study, it was found that the average waiting time for users previously referred by the SNS 24 Line within the same clinical priority, was higher than the average waiting time for users not referred by that Line.

Although the average waiting time was higher for users referred by the SNS 24 Line, the difference in average waiting time became smaller as clinical priority increased. It should also be noted that the estimated values result from the aggregation of all emergency episodes, regardless of the day and time of occurrence and the hospital unit that provided the care.

Concerning the exemption from paying the user fee, it was found that in 2021 and 2022, 4% (23,845) of users did not benefit from this prerogative, and 3% of the complaints analysed mentioned this fact.

The analysis of referrals to CSP units in the years under review showed that 58% of users obtained a consultation within 72 hours of being referred, and out of these, 49% were admitted within 24 hours of contacting the SNS 24 Line, within the maximum guaranteed response time for acute illnesses. Conversely, 42% of users referred by the SNS 24 Line did not obtain a consultation at the CSP unit within 72 hours of their referral. However, it was impossible to determine whether this was due to a lack of initiative on the part of users or a lack of capacity at the health establishments concerned.

From the analysis of the most recent period, considering only the data between March 1st, 2021, and December 31st, 2022, it should be noted that 80% of users admitted to the CSP within 72 hours of referral by the SNS 24 Line were attended within the first hour of admission, in compliance with the TMRG applicable in this context.