"Ligue Antes, Salve Vidas" (Call Ahead, Save Lives) pilot project

Executive Summary

According to Order No. 10319/2014 of 11 August, Emergency Departments (EDs) are intended to provide urgent and emergency healthcare services, whilst Primary Health Care (PHC) is responsible for ensuring access to care for acute but non-urgent conditions, through rapid unscheduled care mechanisms. Nevertheless, in Portugal, the use of EDs, at the patients' own initiative, for conditions of low clinical priority, continues to represent a significant share of healthcare activity within the National Health Service (SNS).

In 2023, the Executive Board of the National Health Service (DE-SNS) launched the "Ligue Antes, Salve Vidas" (Call Ahead, Save Lives) pilot project, with the aim of encouraging patients to contact the SNS 24 helpline before seeking care, thereby strengthening clinical triage, improving referral processes, and promoting a more appropriate use of the different levels of healthcare.

Considering the changes introduced by the pilot project, and following concerns raised regarding access to healthcare services, the Portuguese Health Regulatory Authority (ERS) conducted a study to assess the project's impact, with particular focus on patterns of access to EDs.

The analysis showed that, between 2024 and 2025, the number of calls handled by the Triage, Advice and Referral Service (STAE) increased by 58,9%, reflecting the growing role of the SNS 24 helpline in patients' access to healthcare services. This growth was, however, accompanied by a deterioration in call handling times, with a substantial increase in the number of calls waiting more than 30 minutes to be answered.

Clinical referral patterns also changed in 2025. While referrals to PHC increased, referrals for self-care declined compared with 2024. Although most referrals to PHC resulted in a scheduled consultation, the way care was delivered evolved

during the analysed period. There was a decrease in open consultations and an increase in teleconsultations, in cases where an appointment could not be scheduled due to technical issues, and in refusals by patients.

Referral rates to hospital care remained high, particularly to EDs and open hospital consultations. Although cases involving patient refusal or the absence of referral due to technical issues increased in 2025, they continued to represent only a small proportion of total referrals.

The findings suggest that referrals from the SNS 24 helpline to PHC were appropriate. In 2025, only a very small proportion of unscheduled consultations originating from the SNS 24 helpline resulted in a subsequent referral to an ED. Conversely, there was an increase in the number of cases initially referred to EDs that were then redirected to PHC following hospital triage, particularly among those classified as "Less Urgent" or "Non-Urgent".

PHC recorded a significant increase in unscheduled consultations in 2025. Although the SNS 24 helpline remained the main referral channel, its relative share of total unscheduled consultations declined, while the proportion of consultations scheduled directly by patients or through other referral pathways increased compared with 2024. Despite the higher demand, PHC maintained short response times, with more than 90% of consultations taking place within 24 hours of referral in 2025.

Access patterns to EDs also changed during the period under analysis. Between the first quarter of 2024 and the last quarter of 2025, the proportion of patient-initiated cases decreased, whilst those referred via the SNS 24 helpline increased. In addition, the overall number of ED visits fell in 2025 compared with 2024, particularly among lower-priority clinical categories.

Despite this trend, cases classified as "Less Urgent" and "Non-Urgent" continued to account for a significant share of ED activity. These findings suggest that demand patterns have shifted towards higher-priority cases, though EDs are still used to a considerable extent for lower-priority conditions.

The econometric analysis indicates that the proportion of low-clinical-priority cases among the healthcare providers covered by the “Ligue Antes, Salve Vidas” (Call Ahead, Save Lives) project decreased compared to those not included in the initiative. The results also suggest that the project's impact varied between providers, depending on the timing of its implementation, in terms of both the magnitude and the statistical significance of the effects.

Overall, the findings suggest that the “Ligue Antes, Salve Vidas” (Call Ahead, Save Lives) project led to significant changes in patterns of access to healthcare services within the SNS, such as the increasing use of the SNS 24 helpline, more referrals to PHC, and a relative reduction in patient-initiated use of EDs.

A systematic analysis of the complaints received by the ERS identified recurring operational constraints in implementing the pilot project, emphasising the need for further regulatory action.

Within the scope of its legal powers and responsibilities, the ERS issued an instruction to the SPMS addressing particularly the quality and effectiveness of patient referral processes, operational coordination of the model, and responsiveness of the SNS 24 helpline during periods of increased demand. Recommendations were also issued to the 27 Local Health Units (ULS) covered by the project, to ensure compliance with the project's access rules, and to guarantee that prior referral mechanisms do not constitute a barrier to patients' access to appropriate, integrated, timely healthcare.