

## Executive Summary

Within the scope of its duties and competences, the Portuguese Health Regulatory Authority (ERS) has been monitoring users' access to emergency services (SU) of the National Health Service (SNS). In 2016, the Monitoring Process (PMT) No. 001/2016 was launched – and is still ongoing at the present date –, aiming to monitor the performance of healthcare providers offering emergency services. Furthermore, the ERS has issued an opinion on the public emergency services network, published in 2016, and, more recently, a study on the activity of the SNS 24 helpline.<sup>1</sup>

Considering ERS's regulatory activity, namely in monitoring and handling complaints, and the pressure of demand on this type of health service, it was deemed appropriate to revisit the topic of the emergency services, in order to analyse users' access to these services.

This study aims to characterise the supply of SNS emergency services, to analyse demand for these services between January 2022 and June 2024, and to integrate the users' perspective through the analysis of the complaints received. Data on the activity of emergency services were collected from the Central Administration of the Health System (ACSS) and subsequently, due to limitations on the information provided by ACSS regarding the dimension of the demand, from 11 healthcare providers.

In 2024, a large majority of the population lived less than 60 minutes away from an emergency service, which corresponded to 95.4% for general and paediatric emergency care and 93.9% for obstetric and gynaecological emergency care. This analysis only considered the population's proximity to existing emergency services, as established in Order No. 10319/2014 of August 11<sup>th</sup>, and did not assess the weight of service capacity in relation to actual demand.

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<sup>1</sup> Available on: [https://www.ers.pt/pt/flipbooks/estudo\\_linha\\_sns\\_24/](https://www.ers.pt/pt/flipbooks/estudo_linha_sns_24/)

The use of emergency services was high in mainland Portugal when compared with the international context, with a ratio of 64.0 emergency episodes per 100 inhabitants in 2023, versus 26.6 in OECD.<sup>2</sup>

When comparing the years of 2022, 2023 and the first semester of 2024, it was possible to observe a gradual reduction in self-referrals, which represented 71.8% of episodes in 2022, 69.9% in 2023 and 64.4% in the first half of 2024. This was accompanied by an increase in referrals through the SNS 24 helpline, which reached 11.4% in 2024.

Regarding the undue collection of user fees in these episodes, the decrease observed in 2023 differed to a new increase in the first semester of 2024.

The analysis of triage in emergency services revealed that most admissions corresponded to episodes classified as Urgent (44.7% in 2022 and 46.4% in 2023) and Standard (40.8% in 2022 and 38.6% in 2023), together representing about 85% of the total. Situations classified as Immediate and Very Urgent remained stable, at around 11%.

The percentage of episodes classified with a white triage code was between 2.6% and 2.8%, which is above the target established by Order No. 4835-A/2016 of April 8<sup>th</sup> (2%), implying the use of emergency services as a means for hospital admission, as evidenced by the high admission rate associated with these episodes.

The rate of compliance with target waiting times was lower in the high-priority categories. However, it is important to note that the average waiting time decreases as the assigned clinical severity increases.

ERS received 56.013 complaints regarding emergency services, occurred during the analysed period, mainly concerning waiting times, healthcare and patient safety and constraints on patient focus, the latter regarding the humanisation of the services provided and the adequacy of the procedures adopted by providers to respond to the needs and expectations of patients in guaranteeing their rights.

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<sup>2</sup> OECD (2023), Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/7a7afb35-en>

Under the scope of the ERS monitoring process, ongoing since 2016 and motivated by the high volume of complaints regarding non-compliance with target waiting times according to clinical priority, a higher number of complaints was observed in admissions classified as Non-Urgent, Standard and Urgent. Within this context, the ratio of complaints associated to non-compliance with waiting times per 100,000 emergency episodes remained above the national average in the NUTS II of Algarve, Grande Lisboa e Península de Setúbal.

ERS will continue to collect and analyse information regarding users' access to emergency services, ensuring regular monitoring of its development, in accordance with its duties and competences.