



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Health technology assessment of providing an alternative telephone pathway for acute, non-urgent medical care needs in the pre- hospital setting: plain language summary

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

Plain language summary

- What did we look at?

We assessed an alternative telephone service that would provide medical advice and guidance for people with acute non-urgent care needs. These are medical issues that require attention, but are not emergencies and may not need hospital care. It might be possible to get care from a general practitioner (GP) or to manage the problem without the need for a medical professional.

Examples of acute, non-urgent medical care needs include cold and flu symptoms, a fever, or minor burns. It can be difficult for people to know whether their condition is urgent or non-urgent. Sometimes, people go to the hospital or call emergency services (112/999) when they do not need to. This can put a strain on emergency services. In other cases, people might avoid getting help because they are not sure where to go. A dedicated telephone service could guide callers on the best place to go in their particular situation. Like 112/999, the service would be free to call.

- Do similar telephone services exist in other countries?

Several countries have similar telephone services, including the UK, Sweden and Denmark. International experience shows that these services can help people to get timely and appropriate care outside of hospital settings. Our review of these services showed that differences in the healthcare systems and how the service is run can affect how well an alternative telephone service works.

- What did we find?

An alternative telephone service could help people who are unsure of how to deal with a medical issue or face difficulties in seeing a GP. It is difficult to know how many people would use a telephone service in Ireland. Based on the number of people currently using different frontline services in Ireland and international experience of these telephone services, we estimated that the number of calls could range between a quarter of a million and one million calls a year. It would be important to decide whether the phone line would be available 24 hours a day, or just at nights and on weekends. The people answering calls could be trained staff, nurses or doctors. However, using nurses and doctors as call operators would take them away from treating patients. Depending on how many people call, it will cost between €15 million and €50 million a year to provide the service.

If the telephone service is not linked to other services, like GPs and hospitals, then it may give advice that the caller cannot follow. For example, if a caller is advised to visit the GP within the next couple of days, but cannot access a service or an appointment. Clear public communication would be essential to ensure that people understand when and how to use the service appropriately. If the service is brought in, it would have to be usable for people who are deaf, hard of hearing or have speech impairments, those with language barriers, and those with limited access to telephones.

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(HIQA).**

For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie

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