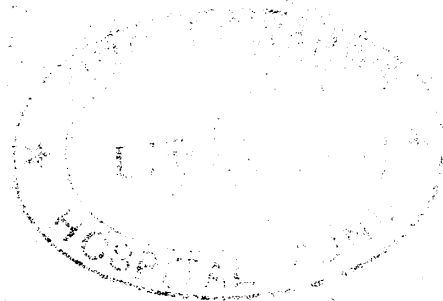


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EMERGENCY BED SERVICE

(KING EDWARD'S HOSPITAL FUND FOR LONDON)

REPORT FOR THE YEAR
ENDED 31st MARCH

1954

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**THE KING'S FUND
INFORMATION CENTRE**

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EMERGENCY BED SERVICE

Report for the Year ended 31st March, 1954

INTRODUCTION

The work of the Service during the year has, on the whole, pursued a course which might have been expected. Throughout the summer and autumn, applications for general acute cases were more numerous than in previous years, but analysis seems to show that the increase was due to more doctors using the Service rather than to sickness. The winter saw the usual seasonal rise but pressure on the Service never became abnormal, and this winter may perhaps be regarded as an average one as opposed to the two preceding years, one of which (1951-52) was unusually quiet, the other (1952-53) quite exceptionally busy; the peak weekly application figures during the three years were:—

1951-52	...	1,254
1952-53	...	2,536
1953-54	...	1,683

Although towards the end of July an epidemic of poliomyelitis appeared to be developing, it failed to reach serious proportions.

Applications for other infectious diseases were low throughout the year.

During the last half of November and the first three weeks of December, a surprisingly large number of applications was received for the admission of babies and very young children, suffering from respiratory disease. Indeed about half of all respiratory cases dealt with by the Service were in the 0-4 age group, as compared with the normal proportion of 15-20%. So marked was this change that the Ministry of Health were warned, and they immediately carried out enquiries which, it seems, showed that nearly all the major cities in England had suffered similarly. Looking back over figures for previous years, there seems to be a general tendency for "epidemics" of respiratory disease to strike the very young before the middle aged and elderly, though never has this phenomenon been so marked as in the past winter.

An analysis of cases by disease, sex, and age group has now been kept for the Central London area since October 1950.

Broadly speaking, the number of applications is constant month by month for all categories except respiratory and heart disease. The diagram at the end of this report shows the monthly totals from October 1950 to March 1954 for four selected categories: Respiratory Disease, Heart Disease, Acute Medical unclassified, and Acute Surgical. It will be seen that the Respiratory Disease follows a regular pattern. The figures in summer are equal but in winter are governed by the increase of epidemic disease. In 1950-51 and 1952-53 there were major influenza epidemics, and during the latter there was also "smog" and its after affects. The graph for heart disease follows

the same general trend as that for respiratory disease. On the other hand acute surgical cases are little affected by the seasons, the slight increase in winter being probably due to the greater use of the Service by doctors during that season owing to the difficulty of finding beds. The graph of Acute Medical Unclassified is of interest in that it mounts from year to year, and only in the last two winters has it shown a seasonal fluctuation. There are various conjectures as to the cause of the yearly increase, but none are very convincing.

No clear day to day relationship has been established between the rise and fall of respiratory disease and the weather conditions except that such illness tends to increase during, or shortly after, periods of low temperature and fog. Attempts to make short period forecasts of the incidence of such disease based on previous weather conditions have so far been unsuccessful.

Arrangements have now been completed for the centralization of the Service under one roof, shortly after it moves to its new offices at Fielden House. The abolition of the branch offices will enable economies to be made in the staffing and will simplify the administration of the Service. It will also simplify the task of the General Practitioners in the Outer London area, for a single telephone number will serve throughout the 24 hours.

THE WARNING SYSTEM

During the summer, modifications to the warning system were devised to overcome certain weaknesses, which became apparent during

the crisis months of January and February, 1953. At that time the issue of warnings was delayed because of the large number of cases admitted through the Medical Referee procedure; and cancellation of warnings was due when applications were still clearly far too high. Without altering the level at which the warnings were issued or cancelled, two changes were made:—

- (a) In calculating the admission rate for the warning system, all cases dealt with through the Medical Referee procedure are now omitted.
- (b) A warning is not cancelled until applications have fallen below the level at which they stood when it was issued.

The system is intended to operate only in times of unusual stress, and is not to warn hospitals of a normal increase in winter sickness. This is a point which seems to have been misinterpreted by some hospitals which refuse admission, because they do not make more beds until there is a "Yellow" warning in force. This is in fact an indication of the uneven pressure on the London hospitals, for the warnings are only issued when London, generally, is under pressure. It clearly would not be right to alert all the hospitals because one or two are in difficulty. On past experience, it seems the revised system should operate fairly, but of course the real test will come with the next severe winter. "White" warnings were in force from the 11th-25th January, and from the 8th-18th February.

FINANCE

The estimates for the financial year 1954-55 show a slight decrease from those for 1953-54, mainly due to economies in staff which should

be possible when the Service is centralized at its new offices in June, 1954.

REVIEW OF THE YEAR ENDED 31st MARCH, 1954

WORK DONE

The total number of applications received during the year ending 31st March, 1954, and the corresponding figures for the previous year, were as follows:—

	1953	1954	<i>Percentage increase or decrease</i>
General Acute Cases	59,320	55,291	— 6.8
Infectious Cases	13,611	9,720	— 28.6
Chronic Sick Cases	2,296	1,446	— 37.2
Total	<u>75,227</u>	<u>66,457</u>	<u>— 11.7</u>

ACUTE CASES

Of the 55,291 cases offered, 50,867 were admitted, a decrease of 1,585 on the previous year. Cases withdrawn by the applicant totalled 1,339. No beds could be found for the remaining 3,085 and these were referred back to the applicant. In 847 of these cases the patient was in the casualty department of a hospital.

Comparing the winter months (November to March inclusive) of 1952-53 with those of 1953-54, the number of cases admitted expressed

as a percentage of cases offered was 84.9% for 1952-53 and 90.7% for 1953-54.

The difference between the proportion of cases admitted in the younger and older age groups narrowed greatly last winter as compared with that of 1952-53. An improved admission rate was of course to be expected, as compared with the crisis winter of 1952-53, and a better guide to any real improvement is given by comparing last winter's figures with those of the quiet winter of 1951-52. The following table for a period from early November to late February gives figures for the winter of 1953-54, together with the percentage increase or decrease as compared with similar periods in 1952-53 and 1951-52.

GENERAL PRACTITIONERS' GENERAL ACUTE CASES

NOVEMBER 1st, 1953 — FEBRUARY 20th. 1954

<i>Age Groups</i>	<i>Cases Offered</i>	<i>Percentage Admitted</i>	<i>Increase or Decrease compared with</i>	
			<i>1952-53 %</i>	<i>1951-52 %</i>
Birth—20	4,490	99.8	+ 0.3	— 0.1
21—30	1,986	99.2	+ 0.3	+ 2.1
31—40	1,711	98.2	+ 1.3	+ 0.4
41—50	1,938	97.7	+ 4.7	+ 2.4
51—60	2,479	94.6	+ 8.3	+ 1.9
61—70	3,421	92.2	+ 10.8	+ 3.2
71—80	3,170	87.9	+ 16.2	+ 7.4
over 80	1,207	84.9	+ 18.2	+ 9.7

Total Offered: — 20,402.

INFECTIOUS CASES

Applications for infectious cases have been generally low during the year, and no great difficulty has been experienced in admitting patients except for a period in the summer, when beds for whooping cough and dysentery were at times difficult to find. During the year, 129 infectious cases had to be referred to the group Medical Referees before securing admission. This compares with 198 cases last year.

CHRONIC SICK CASES

The number of chronic sick cases dealt with has again fallen, and the work of the Service in these cases is now virtually confined to those initially offered as acute, but which the general practitioner subsequently agrees to place on the chronic sick waiting list.

GROUP MEDICAL REFEREES

Of the general acute cases admitted, 3,773 had to be referred to the group Medical Referee, as compared with 3,463 last year. This represents 6.82% of the total applications this year, and 5.83% last year.

TIME TAKEN TO DEAL WITH CASES

The average time taken to admit a case last winter was 29 minutes, compared with 30 minutes during the winter of 1952-53. For each case it was necessary to approach an average of 2.8 hospitals, compared with 2.6 last year.

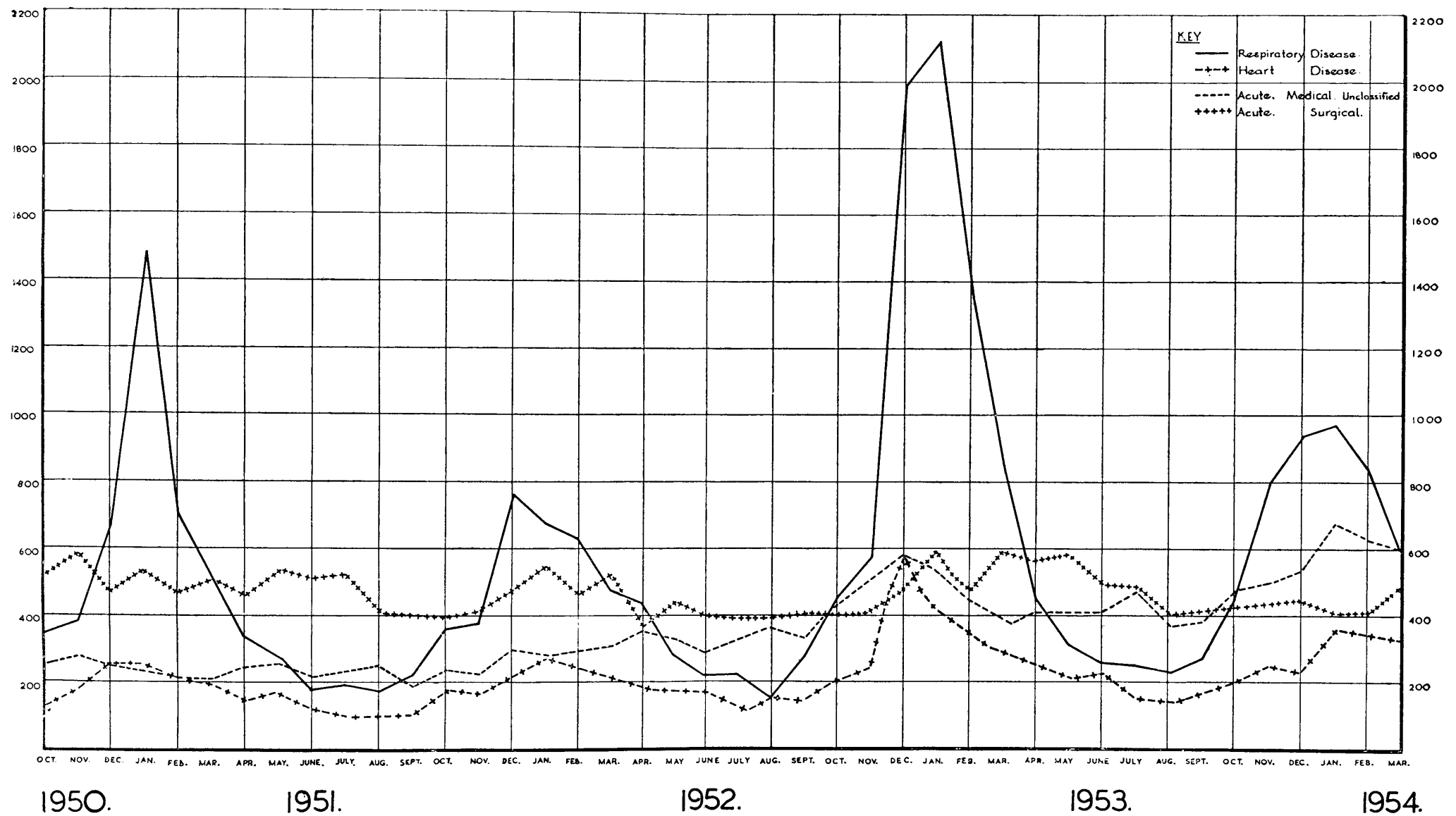
Where the patient was not admitted, the average time taken to conclude the case in the winter of 1953-54 was 1 hour 18 minutes, during

which time an average of 6.3 hospitals were approached. Comparable figures for the winter of 1952-53 were 1 hour 13 minutes, during which 5.8 hospitals were tried.

When the patient was admitted through the Medical Referee procedure, the average time taken was 1 hour 32 minutes, during which an average of 5.9 hospitals were tried. As it seems to take about 12 minutes to get a reply from each hospital when the referee procedure is not invoked, it can be deduced that the actual process of "refereeing" takes an average of 21 minutes to complete. This is made up partly of the time taken by the Service to pin-point the nearest suitable hospital— some 3 or 4 minutes—and partly of the time taken to contact the appropriate referee, and obtain instructions regarding the disposal of the case.

APPLICATIONS 1950—1954

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CASES DEALT WITH BY LONDON OFFICES 1st APRIL, 1953—31st MARCH, 1954

GENERAL ACUTE CASES

				Applications	Admissions	Cases not admitted :		
						Failures to admit		Cases withdrawn by applicant
						G.P. Cases	Hospital transfers	
1953								
April	...	...	...	4521 (4313)	4129 (3858)	179 (262)	97 (75)	116 (118)
May	...	...	...	4077 (3989)	3754 (3623)	152 (155)	76 (83)	95 (128)
June	...	...	...	3870 (3325)	3612 (3141)	93 (69)	66 (40)	99 (75)
July	...	...	...	3870 (3255)	3580 (3079)	112 (57)	62 (25)	116 (94)
August	...	...	...	3409 (2946)	3257 (2815)	47 (31)	39 (30)	66 (70)
September	...	...	...	3515 (3407)	3354 (3240)	51 (44)	49 (35)	61 (88)
October	...	...	...	4369 (4299)	4081 (4006)	100 (106)	91 (79)	97 (108)
November	...	...	...	4878 (4597)	4515 (4196)	151 (204)	110 (84)	102 (113)
December	...	...	...	5473 (7992)	5196 (6852)	126 (823)	51 (57)	100 (260)
1954								
January	...	...	...	6241 (8579)	5474 (6970)	510 (1251)	60 (77)	197 (281)
February	...	...	...	5816 (6664)	5106 (5449)	455 (966)	75 (55)	180 (194)
March	...	...	...	5252 (5954)	4809 (5223)	262 (492)	71 (94)	110 (145)
TOTAL				55291 (59320)	50867 (52452)	2258 (4460)	847 (734)	1339 (1674)

Figures for the corresponding month of the previous year are shown in brackets.

INFECTIOUS CASES

				Total Applications	Total Admissions
1953					
April	...	...	...	964 (1083)	936 (1057)
May	...	...	...	1003 (1055)	995 (1041)
June	...	...	...	945 (945)	926 (941)
July	...	...	...	1021 (1152)	974 (1134)
August	...	...	...	804 (956)	771 (944)
September	...	...	...	700 (810)	693 (802)
October	...	...	...	751 (1106)	742 (1090)
November	...	...	...	690 (1317)	678 (1281)
December	...	...	...	740 (1558)	718 (1370)
1954					
January	...	...	...	646 (1338)	630 (1238)
February	...	...	...	609 (1027)	599 (967)
March	...	...	...	847 (1264)	833 (1171)
Total	...	...	...	9720 (13611)	9495 (13036)

Figures for the corresponding month of the previous year are shown in brackets.

CHRONIC SICK CASES

				Applications	Withdrawn	Placed on H.M.C. Waiting Lists				
						N.E.	N.W.	S.E.	S.W.	
1953										
April	...	...	130 (204)	3 (5)	80 (87)	26 (52)	6 (17)	15 (43)
May	...	...	111 (189)	5 (2)	53 (89)	26 (40)	14 (26)	13 (32)
June	...	...	103 (146)	4 (2)	60 (80)	18 (26)	7 (13)	14 (25)
July	...	...	99 (139)	5 (1)	68 (70)	17 (25)	1 (17)	8 (26)
August	...	...	72 (115)	2 (—)	48 (58)	9 (21)	7 (15)	6 (21)
September	...	...	57 (126)	2 (2)	37 (58)	6 (32)	1 (13)	11 (21)
October	...	...	89 (144)	2 (3)	58 (75)	9 (20)	9 (14)	11 (32)
November	...	...	112 (215)	4 (1)	55 (89)	24 (57)	12 (14)	17 (54)
December	...	...	111 (311)	1 (8)	70 (132)	10 (75)	13 (34)	17 (62)
1954										
January	...	...	210 (313)	4 (4)	109 (148)	30 (68)	25 (29)	42 (64)
February	...	...	214 (216)	2 (3)	117 (117)	37 (31)	26 (26)	32 (39)
March	...	...	138 (178)	5 (3)	71 (85)	28 (29)	12 (27)	22 (34)
TOTAL				...	1446 (2296)	39 (34)	826 (1088)	240 (476)	133 (245)	208 (453)

Figures for the corresponding month of the previous year, are shown in brackets.

King's Fund



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