KING EDWARD'S HOSPITAL FUND
FOR LONDON

EMERGENCY
BED SERVICE

REPORT
FOR THE YEAR ENDED
31 MARCH 1974

KING EDWARD'S HOSPITAL FUND FOR LONDON

Emergency Bed Service Committee

SIR GEORGE GODBER GCB DM FRCP DPH *Chairman*
A H BURFOOT BA FHA *till April 1974*
D B CARO MB ChB FRCS
C H LANGLEY FHA *till January 1974*
D C MORRELL MRCP MRCS MRCGP
J S NORELL MB BS MRCS LRCP
K R D PORTER MBE FRCP
R H SANDFORD SMITH

Secretary:
K S MORFEY *to June 1974*
IRFON ROBERTS *from June 1974*

Fielden House
28/42 London Bridge Street
SE1 9SG
01-407 7181

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KING'S FUND
EMERGENCY BED SERVICE

36th ANNUAL REPORT

Report for the year ended 31 March 1974

Extract from Report of the Management Committee of King Edward's Hospital Fund for London dated 10 May 1938

'In the autumn of 1937 the Voluntary Hospitals Committee for the County of London laid before the Management Committee proposals for the provision in London of a central office which would facilitate the admission to hospitals of urgent cases. It was widely recognised that a great deal of delay and inconvenience is caused by the fact that a doctor has often to ring up several hospitals in succession before he can succeed in finding a bed, and that this confusion might be eliminated by the provision of a central office in possession of returns from hospitals indicating the beds available for the admission of such cases.'

The Fund gave approval to the proposals and agreed to make an annual grant of £3000 towards expenses, also making available supervisory staff and office facilities. On 21 June 1938 the first calls were received by operators at the Emergency Bed Service, then known as the Voluntary Hospitals Emergency Bed Service. The value of the new service was immediately appreciated by GPs. Ten years later, with the advent of a National Health Service, Sir Wilson Jameson, then Chief Medical Officer, and Sir Arthur Rucker, then Deputy Secretary of the Ministry of Health, visited the EBS offices in Old Jewry in the City and thereafter recommended to the Ministry of Health that the service should continue. It was envisaged that a greatly increased demand would fall upon the service and it was agreed that the additional cost in excess of that provided by the King's Fund would be borne in equal shares by the four metropolitan regional hospital boards. The EBS has operated without a break since 5 July 1948 and has become the means by which doctors secure the admission of patients in emergency whenever direct application to hospital has failed.

In the year ended 31 March 1974 a total of 43 224 applications was received compared with 48 153 in the previous year. The winter months

were chiefly remarkable for the absence of serious influenza prevalence. An outbreak of influenza or very severe weather is the usual reason for heavy pressure on the EBS and neither occurred during this period. It is therefore a disappointing feature that as many as one in six to one in eight patients in the winter months should have required the use of the medical referee.

The report of a service which deals primarily with the emergency admission of patients to hospital must inevitably make reference to shortcomings apparent in the system, whilst little mention is made of the many cases dealt with expeditiously. Moreover, EBS cases are a minority of all emergency admissions, most of which are arranged by practitioners direct with hospitals. Improvement in communications is both possible and necessary. Far too many telephone calls are followed by far too many refusals to admit.

At a conference held at the King's Fund Centre in July 1973, entitled Centre Points in Health Care, the recommendations contained in a recent King's Fund publication, *Admission of Patients to Hospital* were discussed. Those covering emergency admissions include the following:

> 'As promptly as possible, the general practitioner should be given a definite decision as to whether the hospital will see his patient... Long delays and indecision on the telephone at this first stage are frustrating and time consuming. It should not be part of any admission system that a general practitioner has to wait for an answer until a house officer or registrar is contacted...'
>
> 'The working party felt that only a member of the medical staff should refuse an admission to a general practitioner and that a record should be kept of these refusals in the admissions office...'

As from 1 April 1974 London will have four regional health authorities and within these regions will be district hospitals, each with an area of responsibility. The experience of the EBS has been that many applications to hospitals are held up for a decision by the hospital as to whether to admit or not. This comment does not refer to 'life and death' cases, where no such criticism applies. It is hardly satisfactory either for the EBS or for a GP to be invited by an admissions clerk to try around in a region where clear cut boundaries of responsibility are drawn. This practice creates an impression of great pressure where it does not exist. Records kept at the EBS show that a refusal on first offer may too often lead to unsuccessful application to four or five other hospitals and final acceptance at the original hospital after reference to the medical referee. Even at the less busy times one case in eight may be admitted only after this procedure has been used, with an average delay of nearly half an hour. Only a member of the medical staff should refuse an admission. A record should be kept of any such refusals which should be seen later by the physician or surgeon in charge of admissions. Records have even shown that patients recently discharged from the same hospitals have been refused readmission.

After inevitable delay these cases have been presented to the regional medical admissions officer and have ultimately been admitted without further difficulty to the first hospital telephoned by the EBS. An improvement would no doubt follow if a record was kept in the admissions office of every hospital and was regularly reviewed by a responsible member of the medical staff.

The recent bomb outrages brought into action the Major Accident Procedure which is chiefly designed to deal with serious air, rail and road accidents. During the recent industrial dispute the London Ambulance Service refused to deal with any but '999' calls. This caused considerable dislocation of the normal working of the EBS and many patients had to be asked to make their own way to hospital.

1938-1974

In the course of 36 years the EBS has become a useful source of information required by doctors with the result that many calls are received day and night for advice and assistance, all of which are recorded. The vast majority are simple enquiries and there is little doubt that the availability of information concerning the location of hospitals, telephone numbers of organisations and more general matters throughout the 24 hours, particularly at night, is valued by GPs, the relief deputising services, hospitals, police and even members of the public, who have been given the EBS telephone number.

It is anticipated that the service will continue in its present form for the foreseeable future although area health authorities will no doubt begin to improve district organisations, perhaps on the lines of the Whittington scheme, when they can. For the moment it will be important to preserve hospitals' present areas of responsibility until firm arrangements of a different kind are achieved. London presents such a complex problem of hospital distribution that a central service for assisting in difficult cases will no doubt be required for many years.

MEDIC-ALERT FOUNDATION

The record cards of the Medic-Alert Foundation, the membership of which after ten years has now reached 37 000, are kept in the operations room of the EBS. This organisation seeks to educate and encourage individuals to wear a metal identification disc attached to a bracelet or necklace which can be used to cross-check from the master file any medical problems that should be known in an emergency. Such disorders include diabetes, epilepsy, allergies, continuing medication such as steroids or anti-coagulants. The reverse side of the disc shows the telephone number of the EBS operations room where calls from all parts of Britain and overseas are received. In fact, few confirmatory calls are made, but lost discs are often recovered.

APPENDIX I

GENERAL ACUTE CASES

	Applications			Admissions			Cases not admitted		
							Cases referred back to GP	Hospital transfers	Cases withdrawn*
	1973/74	1972/73	1971/72	1973/74	1972/73	1971/72	1973/74	1973/74	1973/74
1973									
April	3 842	3 911	4 016	3 787	3 855	3 952	8 (4)	8 (4)	39 (48)
May	3 608	3 890	3 741	3 564	3 834	3 694	6 (2)	3 (5)	35 (49)
June	3 240	3 674	3 498	3 194	3 610	3 450	4 (8)	4 (1)	38 (55)
July	3 378	3 614	3 480	3 335	3 563	3 426	6 (6)	6 (4)	31 (41)
August	3 182	3 485	3 355	3 151	3 436	3 313	2 (11)	2 (1)	27 (37)
September	3 234	3 519	3 343	3 191	3 481	3 303	6 (3)	7 (2)	30 (33)
October	3 651	3 963	3 686	3 596	3 913	3 639	4 (3)	7 (4)	44 (43)
November	3 530	4 461	3 792	3 478	4 391	3 756	2 (11)	4 (5)	46 (54)
December	3 544	5 109	4 606	3 490	5 027	4 551	— (8)	3 (7)	51 (67)
1974									
January	4 179	4 757	5 213	4 099	4 655	5 109	6 (16)	18 (12)	56 (74)
February	3 682	3 979	4 569	3 606	3 916	4 494	4 (6)	22 (8)	50 (49)
March	4 154	3 791	4 308	4 085	3 734	4 246	6 (8)	19 (7)	44 (42)
	43 224	48 153**	47 607 (2 287)F	42 576	47 415**	46 933 (2 263)F	54 (86)	103 (60)	491 (592)

* Including deaths and patients refusing admission.

** As from 1 April 1972, fever cases have been included in monthly totals.

F Fever cases.

Figures for the corresponding months of the previous year are shown in brackets in the last three columns.

APPENDIX II

GENERAL ACUTE CASES

APPLICATIONS

Metropolitan Regional Hospital Boards

	North-East	North-West	South-East	South-West
1973				
April	1 398 (1 227)	1 156 (1 348)	670 (692)	618 (644)
May	1 282 (1 243)	1 135 (1 367)	667 (628)	524 (652)
June	1 231 (1 177)	1 006 (1 223)	599 (658)	404 (616)
July	1 351 (1 067)	998 (1 296)	610 (623)	419 (628)
August	1 204 (1 113)	971 (1 175)	576 (633)	431 (564)
September	1 082 (1 085)	1 033 (1 233)	640 (612)	479 (589)
October	1 270 (1 344)	1 172 (1 323)	696 (691)	513 (605)
November	1 338 (1 457)	1 048 (1 448)	672 (787)	472 (769)
December	1 313 (1 697)	1 105 (1 591)	625 (979)	501 (842)
1974				
January	1 495 (1 574)	1 347 (1 510)	773 (884)	564 (789)
February	1 333 (1 287)	1 156 (1 340)	649 (757)	544 (595)
March	1 501 (1 245)	1 251 (1 237)	776 (713)	626 (596)
	15 798 (15 516)	13 378 (16 091)	7 953 (8 657)	6 095 (7 889)

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

As from 1 April 1972, fever cases have been included in monthly totals.

APPENDIX III

MEDICALLY REFEREED CASES

	North-East	North-West	South-East	South-West	1973/4 Total	1972/3 Total
1973						
April	101	92	46	17	256	314
May	134	146	54	30	364	310
June	106	106	68	17	297	294
July	110	110	48	11	279	299
August	72	66	31	4	173	205
September	59	56	43	9	167	234
October	97	151	71	16	335	281
November	127	104	63	28	322	480
December	109	78	40	31	258	600
1974						
January	218	244	141	57	660	758
February	169	195	90	72	526	450
March	252	233	132	88	705	237
	1 554	1 581	827	380	4 342	4 462

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