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EMERGENCY BED SERVICE

(KING EDWARD'S HOSPITAL FUND FOR LONDON)

REPORT FOR THE YEAR
ENDED 31st MARCH

1963

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EMERGENCY BED SERVICE

25th ANNUAL REPORT

Report for the year ended 31st March, 1963

GENERAL REVIEW OF THE YEAR

The total number of cases dealt with during the year was 65,972, compared to 64,407 during the preceding year. The extra demand was wholly confined to the winter months, and the fear that the introduction of Subscriber Trunk Dialling would cause more doctors to use the Service does not seem to have been realized. Its introduction has, however, added considerably to the cost of the Service. Although the HOP exchange has not been connected to this system long enough to give exact figures, it seems likely to increase the telephone bill for the year by some 25%, despite the co-operation of hospitals in reducing the length of individual calls. The announcement that from April 29th, 1963, the time allowance on local calls is to be increased to six minutes will go a long way to offset this increase.

The first sign of the winter's impending troubles occurred in early December. On the 3rd, almost exactly ten years after the great December fog of 1952, dense fog with a high degree of atmospheric pollution again settled on London. As in 1952, this resulted in a flood of applications to the Service and on December 5th, 394 requests for general acute beds were received. The only occasion on which this figure has been exceeded was on December 9th, 1952, when in similar conditions applications numbered 492. Fortunately the fog lifted during the 6th and, though it formed again during the night and for the next night or two, requests for beds rapidly fell to normal. As far as the Service was concerned,

the chief differences between this fog and that of 1952 were the shorter duration and the absence of influenza. Hence the hospitals were probably under less pressure during the period immediately preceding this fog, and applications were some 300 a week below the figure for 1952.

At Christmas time, in contrast to the previous year, the normal fall in applications was greater than expected, and on Christmas Day only 96 requests for beds were received.

At the end of December the usual sharp rise began a prolonged period of stress caused by the exceptionally cold weather, which starting on Boxing Day, persisted for the remainder of the winter. By January 26th, weekly applications had climbed to 1,800, and remained above this figure almost continuously until March 8th, after which they fell rapidly to normal. The peak figure was 2,058 for the seven days ending January 29th. Although this figure has been exceeded on several previous occasions, the period of stress has never before been so long. The situation was aggravated by the occupation of many hospital beds by patients medically fit for discharge who could not be sent back to frozen up and flooded homes. Towards the end of the winter a number of hospitals also reported a high incidence of sickness among the nursing staff, and the E.B.S. also suffered more than usual in this respect.

To sum up—the winter was one of the most difficult in the experience of the Service, and the proportion of cases for which it was necessary to invoke the Medical Referee procedure rose to an alarming level. Further reference to this is made later.

INFECTIOUS CASES

In its Annual Report for the year ended 31st March, 1961, the Service expressed anxiety about beds for infectious cases, and put forward the view that the decrease in the number of these beds might have proceeded too far. This opinion is supported by the experience of the year under review. During the winter there was a minor epidemic of gastro-enteritis, mainly among young children and babies. Such cases are almost always unacceptable to general hospitals, and in February 1963, of 759 fever admissions, 139 were admitted through the Medical Referee procedure. In addition, there was a number which it proved impossible to admit. These patients, mostly from L.C.C. Welfare Homes, were not seriously ill, and their admission was requested mainly for public health reasons.

It seems that the maximum number of infectious cases that can conveniently be admitted to the existing fever beds is about 650-700 a

month, and that applications in excess of this cause much difficulty. While it is true that monthly applications are substantially below this figure most of the time, small epidemics can easily cause serious trouble.

MEDICAL REFEREE PROCEDURE

As is now generally known, patients admitted by this procedure are those who, the Service having failed to admit by normal application, are considered by the Regional Medical Admissions Officer of the Boards attached to the Service to require immediate admission. Such cases are passed to the Medical Referee of the appropriate Group for a decision.

Disquiet has been expressed in previous reports at the increasing proportion of patients for whom beds could only be found by invoking this procedure. Figures for the first three months of the last five years are given below: —

<i>Jan.-March</i>	<i>Admissions</i>	<i>Med. Refs.</i>	<i>% Admitted via Med. Refs.</i>
1959	18,746	1,189	11.6
1960	14,665	1,681	11.4
1961	17,168	2,616	15.2
1962	17,083	2,766	16.2
1963	20,181	4,309	21.3

Although the prolonged cold spell and consequent exceptional duration of the winter period of stress perhaps made a high "Referee rate" inevitable during this last year, it is disturbing to have to record that from January to March 1963, more than one case in five was admitted in this way.

As has often been stated in previous reports, the wide use of the Referee procedure is most unfortunate, since it not only impairs good relations between the Service and hospitals, but also causes delay in the admission of patients. Furthermore, there is the psychological effect to be considered; if, when beds are scarce, a hospital anticipates that large numbers of cases will be forced on it through the Referee system, it is less likely to accept cases voluntarily. This attitude, although understandable, often means that patients who could in fact have been accepted when first offered, must be admitted later through the "Referee"

The reluctance by some hospitals to admit patients from outside what they consider to be their catchment area, which was mentioned last

year, does not seem to have lessened. This also inflates the Referee rate, and defeats one of the main purposes of the Service, which is to help hospitals by diverting cases away from any which are in temporary difficulties. While it is understandable that hospitals should be reluctant to accept long-stay cases from another area, many of the patients admitted through the Referee procedure were not in this category.

THE WARNING SYSTEM

Warnings were in force as follows: —

5th Dec.— 9th Dec.	Red
7th Jan.—24th Jan.	Yellow
25th Jan.—21st Feb.	Red
22nd Feb.—17th Mar.	Yellow

The Red Warning from 5th-9th December was the result of the fog. Although the seven-day moving total of applications, on which the issue of Warnings is normally based, had not reached the appropriate level on the 5th, daily applications were rising so rapidly, and the weather forecast was so unpromising, that it was decided to issue the Red Warning forthwith. As it happened the fog began to lift on the 6th, and although efforts were made to cancel the Warning on Saturday the 8th, it seems likely that, due to administrative difficulties over the weekend, many hospitals did not receive official notice of its cancellation until the morning of the 10th.

By January 7th, the demand for beds had again risen above 1,500 a week, and a Yellow Warning was issued. Judged by the proportion of cases admitted through the Referee procedure, this Warning does not seem to have been fully effective. For the period 7th-17th January, the demand for beds remained almost unchanged but, despite the Yellow Warning, the Referee rate continued to increase. It is only fair to point out, however, that weather conditions created special difficulties for the hospitals this year as already described.

A Red Warning was issued on January 25th, requests for beds having reached 1,850 a week. As on previous occasions, the response of hospitals to the Warning varied; in general it was reasonably effective, at first in holding the Referee rate steady in spite of applications continuing to rise, and after a lapse of a few days causing a fall from 26% to about 17%. Hereabouts it stayed for the remainder of the Red Warning, with weekly applications at 1,800 to 2,000 or so.

By the end of the third week of February applications were falling slightly, and a Yellow Warning was substituted for the Red on the 22nd. This move was probably premature, but the Red Warning had been in force for almost a month, and it was essential to cancel it at the earliest possible moment in view of the very drastic action which hospitals are expected to take when a Red Warning is in force. Unfortunately the decrease in applications did not continue, and this reversion to the Yellow Warning resulted in an immediate increase in the proportion of cases admitted through the Referee procedure which, during the early part of March, was almost one case in three. It is evident from this, and from the high Referee rate during the Yellow Warning in January, that the action now taken by hospitals on this Warning is inadequate, even when allowance is made for the special difficulties experienced last winter.

The problem is to make the Yellow Warning more effective. A strengthening of this Warning would not only be advantageous in itself, but would also reduce the duration of Red Warnings. In some years, indeed, it would probably eliminate the necessity for a Red Warning altogether.

MATERNITY CASES

From June 1962 to January 1963, the maternity situation showed some signs of improvement, and each month during this period showed a modest decrease compared to the corresponding month of the previous year. In February, however, this trend was reversed and in March the Service was asked to find beds for 504 women in labour—the highest monthly figure ever recorded. Appendix IV shows the moving annual total number of maternity cases dealt with by the Service from April 1956 to March 1963.

As before, the majority of these patients needed a hospital confinement for social and not obstetric reasons, and in most cases it was known well in advance that a hospital bed would be required. The Service first drew attention to this undesirable state of affairs in its Annual Report for the year ending March 31st, 1958, when it pointed out that a last minute rush to obtain an “emergency bed” for a patient, who only became an emergency through failure to provide a bed in advance, was unfair to the patient, to her family doctor, and to the Service. Since this time, the Service has continued to protest at having to deal with “deliberate emergencies”.*

*Lancet—14th Oct., 1961. P. 861.

Of the 489 admissions in March 1963, it was necessary to employ the Medical Referee procedure for 103, each of which presumably entailed erecting an extra bed or using a trolley. In addition to this, there were two cases for whom, despite all efforts including the use of the Referee procedure, it proved impossible to find a bed, and the women had to be delivered at home. The dangers inherent in a breakdown of the Medical Referee system are obvious, and the general position regarding the admission of unbooked maternity cases has become worse than ever before.

It is difficult to reconcile these persistent difficulties with the fact that in the County of London over 80% of confinements already take place in hospital, and the position appears to require urgent action.

VISITS

A reception was held in November which was attended by some 200 members of hospitals staffs, and in February the Chief Medical Officer, Sir George Godber, and senior officers of the Ministry of Health visited the Service and saw it at work during a busy period.

In addition visits were received from many people connected with the Hospital service during the course of the year, and these included medical, nursing and lay staff. Such visits are valuable in fostering good relations, and the Service is always glad to receive them, both from hospital officers and from doctors engaged in general practice.

ACKNOWLEDGMENTS

In closing this Report, the Service would like to thank the hospitals which helped it so greatly during the year, and especially during a most difficult winter, in which they themselves were handicapped by sickness among medical and nursing staff. It would also like to place on record its thanks to the Ministry of Health and the Senior Administrative Medical Officers of the Metropolitan Regional Hospital Boards for their help and advice when difficulties have arisen, and finally to the general practitioners of London for their patience and co-operation, and to the Regional Medical Admissions Officers attached to the Service for their valuable assistance in dealing with difficult cases.

GENERAL ACUTE CASES

APPENDIX I

			Applications	Admissions	Cases not admitted			
					Failures to Admit		Cases withdrawn by applicants	
					G.P. Cases	Hospital Transfers		
1962								
April	...	...	4,605 (4,622)	4,464 (4,450)	65 (75)	8 (21)	68 (76)
May	...	...	4,337 (4,530)	4,190 (4,384)	72 (61)	5 (14)	70 (71)
June	...	...	3,855 (4,262)	3,735 (4,124)	43 (49)	4 (19)	73 (70)
July	...	...	4,044 (4,104)	3,934 (4,003)	47 (30)	1 (4)	62 (67)
August	...	...	3,750 (3,875)	3,669 (3,762)	19 (39)	5 (4)	57 (70)
September	...	...	3,813 (4,047)	3,716 (3,958)	35 (42)	8 (6)	54 (41)
October	...	...	4,240 (4,674)	4,137 (4,532)	31 (52)	11 (10)	61 (80)
November	...	...	4,667 (4,871)	4,541 (4,723)	46 (64)	14 (15)	66 (69)
December	...	...	5,846 (6,041)	5,697 (5,800)	76 (130)	4 (12)	69 (99)
1963								
January	...	...	7,512 (6,770)	7,135 (6,481)	229 (171)	4 (9)	144 (109)
February	...	...	7,415 (5,127)	7,061 (4,919)	200 (103)	3 (18)	151 (87)
March	...	...	6,209 (5,957)	5,985 (5,683)	105 (149)	7 (18)	112 (107)
TOTAL	...	...	60,293 (58,880)	58,264 (56,819)	968 (965)	74 (150)	987 (946)

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

APPENDIX II

INFECTIOUS CASES

				Total Applications	Total Admissions
1962					
April	...	...	...	441 (712)	436 (696)
May	...	...	...	386 (571)	380 (569)
June	...	...	...	424 (433)	422 (429)
July	...	...	...	473 (473)	469 (465)
August	...	...	...	326 (491)	323 (488)
September	...	...	...	352 (333)	347 (329)
October	...	...	...	409 (343)	404 (343)
November	...	...	...	475 (398)	471 (395)
December	...	...	...	479 (415)	475 (411)
1963					
January	...	...	...	511 (468)	505 (464)
February	...	...	...	816 (420)	759 (418)
March	...	...	...	587 (470)	570 (467)
TOTAL	...	...	...	5,679 (5,527)	5,561 (5,474)

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

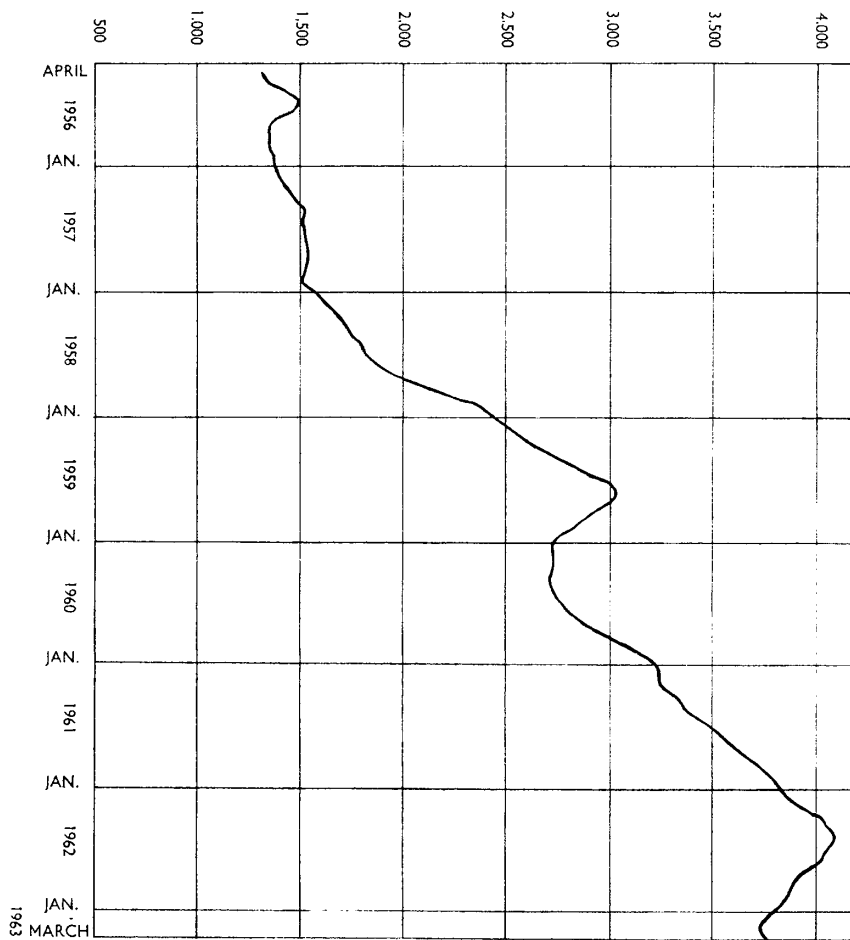
APPENDIX III
GENERAL PRACTITIONER'S ACUTE CASES
ANALYSIS AGE GROUPS

November 18th, 1962 — March 9th, 1963

Age Groups	Cases Offered	Percentage Admitted	Increase or Decrease compared with corresponding period of 1961-1962
Birth—20	3,606 (3,959)	99.9 (99.9)	0.0%
21—30	2,716 (2,889)	99.5 (99.4)	+0.1%
31—40	1,421 (1,474)	99.5 (99.4)	+0.1%
41—50	1,423 (1,344)	98.5 (98.6)	—0.1%
51—60	3,039 (2,571)	98.1 (97.9)	+0.2%
61—70	4,616 (3,601)	97.1 (97.2)	—0.1%
71—80	4,947 (3,979)	96.1 (96.1)	0.0%
Over 80	3,217 (1,983)	95.3 (93.6)	+1.7%
Total Offered:	24,985 (21,800)		

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

APPENDIX IV **MATERNITY CASES — MOVING ANNUAL TOTAL**



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