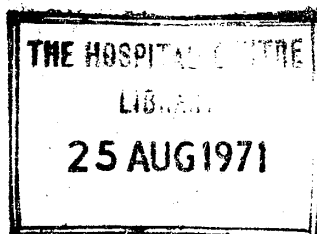


KING EDWARD'S HOSPITAL FUND
FOR LONDON



EMERGENCY
BED SERVICE

REPORT FOR THE YEAR
ENDED 31 MARCH

1971

**THE KING'S FUND
INFORMATION CENTRE**

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LONDON W1G 0AN

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KING EDWARD'S HOSPITAL FUND
FOR LONDON

Emergency Bed Service Committee

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EMERGENCY BED SERVICE

33rd ANNUAL REPORT

Report for the year ended 31 March 1971

The total number of applications for the year ended 31 March, 1971, amounted to 52966 compared with 56152 in the previous year.

Each year, epidemics excepted, the Emergency Bed Service receives and deals with over 50000 acutely ill patients requiring admission to hospital. No record is kept of the number of doctors who regularly telephone the operations room staff with their requests, but the relief services operating in London make full use of the E.B.S.

The proportion of patients admitted via the service varies considerably in different parts of London but in the peripheral areas of the G.L.C. a general practitioner will invariably telephone the nearest hospital before referring his case to the E.B.S., while a doctor who practises in Inner London will usually speak first to the E.B.S. Generally speaking, the hospitals prefer the local doctor to contact them first, but there may be circumstances in which it is expedient for the general practitioner to arrange an admission through the E.B.S. and being able to do so can greatly facilitate urgent medical treatment. There are, however, a number of cases where a general practitioner has been refused an admission by a hospital admissions office, but after referral of the case to E.B.S. he will learn that they have been able to get his patient admitted to the hospital which he has already telephoned.

If the hospitals should be contacted initially, what role is there left for the E.B.S.? There is, in fact, an important one as it provides a service always available, night and day, 365 days a year, filling in the many gaps which must always occur. Time can be saved for doctors, and patients' admission facilitated, and, with the exigencies of general practice, these two factors are important. The E.B.S. is often a help to hospitals when there are local problems such as closure of theatres, and it remains ready at any time to deal with any serious crisis which may arise. The exact proportion of emergency admissions handled is not accurately known, but it would appear to represent about ten per cent. of the demand when there are no epidemics.

We are concerned about the delay which is still experienced by our operations staff in getting a reply from many hospital admissions offices. It appears, from an examination of our records for the months of June and December, 1970, that 12 per cent. of applications in June and 11 per cent. in December were subjected to a delay exceeding 15 minutes before they were accepted or refused.

| | 1970 | |
|--|------|----------|
| | June | December |
| E.B.S. applications during period | 2679 | 4743 |
| Cases subjected to delay in excess of 15 minutes | 326 | 524 |
| Number of hospitals responsible for delays | 77 | 98 |

This time-consuming delay by so many hospitals in arriving at a decision must result in many practitioners using the E.B.S. who would normally make their requests direct, for it will be appreciated that more than 15 minutes is a long time for a general practitioner to await an answer.

It is not generally known that throughout the year the service receives calls where advice only is required. The E.B.S. has, or is able to obtain, information concerning matters which are of assistance to general practitioners and hospitals, particularly where an accident department is unable to arrange further admissions and a transfer is requested. In the operations room of the E.B.S. is an instruction board which enables doctors to have their special requests recorded as this facilitates the study of selected medical problems. We are always happy to help in this way. Sometimes we can also help with a special social situation: for example, a nine-year-old girl had undergone a surgical operation and was not making a satisfactory recovery. The doctor considered that a child of similar age in the next bed would probably cheer the young patient. The request was put through to the E.B.S. who were able to provide a suitable patient within minutes. Enquiries are frequently received from medical and civil authorities for the names and telephone numbers of local welfare officers and psychiatric clinics, particularly in connection with drug addiction. Records are also kept of hospitals which can deal with faults in pacemakers and this information has been invaluable.

The service bears its share of responsibility in diverting urgent admissions from hospitals which are already dealing with a disastrous event, such as a major accident or Thames tidal flooding. Finally, few will know that the record cards of the Medic-Alert Foundation are kept in the operations room of the E.B.S. This organisation is of great value to all who are allergic to certain drugs, who are diabetic, or on steroids and so on, and our staff receive calls from all parts of Britain on the special line provided for this purpose.

The Emergency Bed Service is also a sensitive barometer of pressure upon N.H.S. beds in London and, in consequence, is able to keep the metropolitan regional hospital boards and the Department of Health fully informed at all times of the year of serious admission problems in any part of London.

THE OPERATIONS ROOM

Many visitors from home and overseas who visit the E.B.S. have expressed surprise at the size of the organisation which for 33 years has dealt with more than $1\frac{1}{2}$ million cases of emergency. The operations room has a normal staff of 48 girls in winter and approximately 32 in summer. Each member of the staff receives a period of intensive instruction from the staff training officer before being permitted to deal with doctors' incoming calls. The staff work in 'watches' and provide a continuous service to both general practitioners and hospitals. In addition, a statistical staff deal with the classification of disease and record the admissions to hospital. From the information at hand the office is able to assist research workers, epidemiologists and others who request detailed information.

Tribute should be paid to Mrs. D. I. Sturges, who after ten years of training the staff to the high standard required of the service, retired on 6 April, 1971.

APPENDIX I

GENERAL ACUTE CASES

| | Applications | | | Admissions | | | Cases not admitted | | | | | |
|-------------|--------------|---------|---------|------------|---------|---------|--------------------|-------|--------------------|------|-----------------|-------|
| | 1970/71 | 1969/70 | 1968/69 | 1970/71 | 1969/70 | 1968/69 | G.P. Cases | | Hospital Transfers | | Cases Withdrawn | |
| | | | | | | | | | | | | |
| 1970 | | | | | | | | | | | | |
| April | 4686 | 4220 | 3309 | 4593 | 4151 | 3831 | 29 | (3) | 9 | (2) | 55 | (64) |
| May | 3926 | 4018 | 3926 | 3856 | 3938 | 3854 | 11 | (19) | 7 | (7) | 52 | (54) |
| June | 3656 | 3731 | 3583 | 3595 | 3665 | 3519 | 9 | (14) | 6 | (3) | 46 | (57) |
| July | 3842 | 3637 | 3601 | 3782 | 3585 | 3549 | 9 | (9) | 5 | (3) | 46 | (40) |
| August | 3470 | 3377 | 3660 | 3419 | 3318 | 3589 | 7 | (6) | 8 | (5) | 36 | (48) |
| September | 3746 | 3642 | 3497 | 3692 | 3594 | 3446 | 11 | (5) | 10 | (2) | 33 | (41) |
| October | 4035 | 4103 | 4116 | 3939 | 4010 | 4037 | 26 | (24) | 13 | (5) | 58 | (64) |
| November | 3840 | 4282 | 4389 | 3762 | 4195 | 4321 | 20 | (21) | 4 | (10) | 54 | (51) |
| December | 4465 | 7448 | 4870 | 4401 | 7300 | 4811 | 15 | (42) | 7 | (16) | 42 | (90) |
| 1971 | | | | | | | | | | | | |
| January | 5079 | 5905 | 5415 | 4966 | 5787 | 5307 | 34 | (43) | 15 | (4) | 64 | (71) |
| February | 3826 | 4203 | 4807 | 3738 | 4085 | 4712 | 15 | (37) | 7 | (12) | 66 | (69) |
| March | 4442 | 4833 | 5652 | 4352 | 4721 | 5503 | 20 | (28) | 11 | (19) | 59 | (65) |
| | 49013 | 53399 | 51425 | 48095 | 52349 | 50479 | 206 | (251) | 102 | (88) | 611 | (714) |

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

APPENDIX II
GENERAL ACUTE CASES
APPLICATIONS

Metropolitan Regional Hospital Board

| | North-East | North-West | South-East | South-West |
|-------------|---------------|---------------|-------------|-------------|
| 1970 | | | | |
| April | 1486 (1263) | 1667 (1507) | 795 (741) | 738 (709) |
| May | 1164 (1232) | 1358 (1355) | 728 (736) | 676 (695) |
| June | 1093 (1081) | 1238 (1248) | 661 (698) | 664 (704) |
| July | 1164 (1070) | 1356 (1277) | 688 (653) | 634 (637) |
| August | 1119 (1047) | 1138 (1085) | 615 (591) | 598 (654) |
| September | 1131 (1113) | 1266 (1224) | 715 (660) | 634 (645) |
| October | 1264 (1236) | 1340 (1356) | 717 (756) | 714 (755) |
| November | 1122 (1286) | 1277 (1436) | 735 (840) | 706 (720) |
| December | 1340 (2177) | 1583 (2560) | 843 (1472) | 693 (1239) |
| 1971 | | | | |
| January | 1574 (1713) | 1814 (1981) | 924 (1188) | 767 (1023) |
| February | 1240 (1315) | 1297 (1364) | 705 (769) | 584 (755) |
| March | 1428 (1525) | 1517 (1582) | 764 (893) | 733 (833) |
| | 15125 (16058) | 16851 (17975) | 8890 (9997) | 8141 (9369) |

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

APPENDIX III

MEDICALLY REFEREED CASES

| | | | | |
|-------------|-----|-----|------|--------|
| 1970 | | | | |
| April | ... | ... | 989 | (642) |
| May | ... | ... | 477 | (429) |
| June | ... | ... | 409 | (328) |
| July | ... | ... | 398 | (306) |
| August | ... | ... | 256 | (187) |
| September | ... | ... | 325 | (247) |
| October... | ... | ... | 440 | (397) |
| November | ... | ... | 393 | (414) |
| December | ... | ... | 390 | (1265) |
| 1971 | | | | |
| January... | ... | ... | 1000 | (1049) |
| February | ... | ... | 575 | (687) |
| March | ... | ... | 602 | (813) |
| | | | 6254 | (6764) |

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

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