KING EDWARD'S HOSPITAL FUND
FOR LONDON

EMERGENCY BED SERVICE

REPORT FOR THE YEAR
ENDED 31 MARCH

1972

KING EDWARD'S HOSPITAL FUND FOR LONDON

Emergency Bed Service Committee

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EMERGENCY BED SERVICE

34th ANNUAL REPORT

Report for the year ended 31 March 1972

On 5 February 1972, King Edward's Hospital Fund for London completed 75 years of work on behalf of the hospitals of London. The Act of Parliament 1907, incorporating the Fund, established that every president should be a son, brother or grandson of the Sovereign and that, should a vacancy in that office occur, three governors may be appointed. The Duke of Gloucester, having held the office since 1942, resigned owing to ill-health in 1971, and three governors were appointed: Princess Alexandra, The Hon. Mrs. Angus Ogilvy, Lord Ashburton and Lord Rosenheim.

The Emergency Bed Service was set up by the Fund in 1938 and in the course of 34 years has established itself as an essential part of the hospital services of London. The work demands care and personal attention by trained staff, maintaining day and night watch on behalf of general practitioners who may require the admission to hospital of acutely ill patients. Inevitably, problems arise and are overcome, for the watch-keeping staff are constantly aware of the pressing needs of the patient. Speed and efficiency are essential, combined with a reasoned approach to the hospitals, particularly when they are under pressure from many sources.

The total number of applications for the year ended 31 March 1972 amounted to 49 894, compared with 52 150 in the previous year.

The year 1971/2 was unexceptional and the threatened repeat of an influenza epidemic did not materialise, despite fears of epidemiologists. A mild form of A2HK in January resulted in an increase of patients suffering from respiratory infection. It was noted that during this period young children up to 4 years old were relatively immune, whereas adults of 45-80 years suffered considerably, and admission of these patients was proportionately high.

At a recent meeting of a Faculty of the Royal College of General Practitioners held at Fielden House, the subject for discussion by members was 'Is the EBS really necessary?' Indeed, the use of computers and the advance of district hospitals with ultimate responsibility have made such a question topical. One of the metropolitan regional hospital boards (North West) has, in fact, divided the area falling under its jurisdiction into areas of responsibility. At the meeting, a speaker quoted the case of an elderly lady, living alone and needing immediate in-patient treatment, refusing to enter the ambulance sent for her, until someone was found to look after her canary. A similar case involved an Alsatian dog which was taken care of by one of the staff. These examples illustrate the need for the human touch at all times and are quite beyond the capability of a machine, which, fed with information concerning vacant beds, delivers an answer in terms of beds. The bed being only one part of the hospital service, it must not be forgotten that the physician and surgeon have a greater part to play in the treatment of patients. They must have freedom of decision in these matters, for not all patients are suitable for the admission to the wards of the nearest hospital. Time alone will tell whether the breakdown of the Metropolis into small areas of responsibility will solve the problems of admission. Reference to Appendix II will bear out that 'areas of responsibility' have not so far resulted in a lessening of demand upon EBS from general practitioners in those areas (North West Metropolitan Regional Hospital Board).

Last year's report expressed concern at the delay by many hospitals in informing the EBS whether they were able to admit a patient or not. In the summer of 1971, this subject was placed on the agenda of the joint working group of the Metropolitan Joint Consultative Committees and suitable action taken by regional boards. An improvement has been observed but it is still a matter of anxiety that refusals to admit are frequently made by lay staff, even of patients recently discharged from hospital, when senior medical authority remains unaware of their action, no record being kept. It is suggested that a standard book be kept by every admissions office and 'action taken' initialled by the medical officer on duty every three hours.

OPERATIONS ROOM

Increasing use is being made of the knowledge that the EBS is able to supply valuable information to doctors at any time of the day or night. Many GPs from overseas who are practising in London are clearly unaware of the telephone numbers of the various branches of the social and medical services available to them and it is very evident that the value of a 24-hour service of information cannot be underestimated. In the past year, 431 enquiries of this nature have been received by the EBS.

A recent addition to the equipment of the operations room enables a hospital doctor to speak to the GP through EBS telephone lines. This facility has already proved itself to be of value, as the following example amply illustrates. A guest at a wedding, suffering from diabetes, became

violent after drinking champagne. A relief service doctor attended the patient, following an urgent request from the parents of the bride, only to find it quite impossible to get near enough to the unfortunate guest to treat him. The police were informed and hospital admission requested. The doctor on duty at the hospital expressed his willingness to admit, providing he was able to speak to the GP—the new machine brought the two into contact immediately.

VISITORS TO FIELDEN HOUSE

Lord Aberdare, Minister of State, accompanied by his private secretary and Dr. Sweeney of the Department of Health, visited the EBS on 13 January and were received by Sir Francis Avery Jones and Mr G A Phalp.

Groups of nurses and trainee hospital administrators regularly visit the EBS to see how it works.

Overseas visitors included Dr Ryotaro Kumara from Tokyo, Dr Muwaffak Fawaz Zou'bi from Amman and Mr Cherubin from San Paolo.

APPENDIX I

GENERAL ACUTE CASES

	Applications			Admissions			Cases not admitted		
	1971/72	1970/71	1969/70	1971/72	1970/71	1969/70	Cases referred back to GP	Hospital Transfers	Cases Withdrawn
1971									
April	4 016	4 686	4 220	3 952	4 593	4 151	4 (29)	4 (9)	56 (55)
May	3 741	3 926	4 018	3 694	3 856	3 938	5 (11)	5 (7)	37 (52)
June	3 498	3 656	3 731	3 450	3 595	3 665	14 (9)	4 (6)	30 (46)
July	3 480	3 842	3 637	3 426	3 782	3 585	7 (9)	4 (5)	43 (46)
August	3 355	3 470	3 377	3 313	3 419	3 318	— (7)	5 (8)	37 (36)
September	3 343	3 746	3 642	3 303	3 692	3 594	4 (11)	5 (10)	31 (33)
October	3 686	4 035	4 103	3 639	3 938	4 010	8 (26)	6 (13)	33 (58)
November	3 792	3 840	4 282	3 756	3 762	4 195	5 (20)	6 (4)	25 (54)
December	4 606	4 465	7 448	4 551	4 401	7 300	10 (15)	2 (7)	43 (42)
1972									
January	5 213	5 079	5 905	5 109	4 966	5 787	31 (34)	1 (15)	72 (64)
February	4 569	3 826	4 203	4 494	3 738	4 085	15 (15)	— (7)	60 (66)
March	4 308	4 442	4 833	4 246	4 352	4 721	12 (20)	11 (11)	39 (59)
	47 607	49 013	53 399	46 933	48 094	52 349	115 (206)	53 (102)	506 (611)

Notes.–Figures do not include infectious cases.
Figures for the corresponding months of the previous year are shown in brackets.
Cases withdrawn include deaths and patients refusing admission.

APPENDIX II

GENERAL ACUTE CASES

APPLICATIONS

Metropolitan Regional Hospital Boards

	North-East	North-West	South-East	South-West
1971				
April	1 276 (1 486)	1 313 (1 667)	702 (795)	725 (738)
May	1 149 (1 164)	1 251 (1 358)	694 (728)	647 (676)
June	1 103 (1 095)	1 213 (1 238)	615 (661)	567 (664)
July	1 107 (1 164)	1 227 (1 356)	574 (688)	572 (634)
August	1 054 (1 119)	1 159 (1 138)	584 (615)	558 (598)
September	1 027 (1 131)	1 184 (1 266)	578 (715)	554 (634)
October	1 195 (1 264)	1 221 (1 340)	673 (717)	597 (714)
November	1 229 (1 122)	1 295 (1 277)	629 (735)	639 (706)
December	1 458 (1 340)	1 610 (1 583)	770 (849)	768 (693)
1972				
January	1 700 (1 574)	1 803 (1 814)	906 (924)	804 (767)
February	1 399 (1240)	1 522 (1 297)	875 (705)	773 (584)
March	1 341 (1 428)	1 475 (1 517)	763 (764)	729 (733)
	15 038 (15 125)	16 273 (16 851)	8 363 (8896)	7 933 (8141)

Figures for the corresponding months of the previous year are shown in brackets.
Figures do not include infectious cases.

APPENDIX III

MEDICALLY REFEREED CASES

1971		
April	391	(989)
May	305	(477)
June	257	(409)
July	240	(398)
August	202	(256)
September	201	(325)
October	282	(440)
November	333	(393)
December	363	(390)
1972		
January	911	(1000)
February	683	(575)
March	509	(602)
	4 677	(6 254)

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