

THE GENERAL HOSPITAL FUND
FOR LONDON

MARK GIBNEY
RED SERVICE

REPORT FOR THE YEAR
ENDING 31 MAY 1967

1967

**THE KING'S FUND
INFORMATION CENTRE**

11-13 CAVENDISH SQUARE
LONDON W1G 0AN

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THE HOSPITAL CENTRE

26 OCT 1967

KING EDWARD'S HOSPITAL FUND
FOR LONDON

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EMERGENCY BED SERVICE

29th ANNUAL REPORT

Report for the year ended 31st March, 1967

GENERAL REVIEW OF THE YEAR

The total number of applications for admission to hospital was 53,311 as against 59,496 in the year ended 31st March, 1966. Applications for infectious cases increased to 3,612 from 3,188.

The winter of 1966/7 proved to be exceptionally mild, with temperatures of 57°F. in London being recorded in January. The Medical Research Council's air pollution unit say that the atmosphere in London was cleaner than it was ten years ago. These conditions no doubt contributed to the fall in the number of patients with Respiratory Disease requiring admission to hospital. The comparison of applications for admission for this classification for the month of January to March confirms this.

| | | | | <i>Applications</i> | |
|----------|-----|-----|-----|---------------------|-------------|
| | | | | <i>1966</i> | <i>1967</i> |
| January | ... | ... | ... | 1,796 | 1,195 |
| February | ... | ... | ... | 1,769 | 767 |
| March | ... | ... | ... | 1,480 | 728 |

It is disappointing to note that, despite the fall in the number of applications, the percentage of Medically Refereed cases increased to 17.5% on the 1st February. Although this is partly indicative of the pressure under which hospitals are working, it is also due to a habit which hospitals have adopted in recent years of refusing cases on first application, well knowing that if necessary the patient will be admitted through the Medical Referee system. It is understandable that hospitals adopt this device in the hope that a bed will be found for the patient somewhere else, but it should not be forgotten that it increases the period

in which the patient is waiting anxiously for admission. In some cases this may be no more than a tiresome inconvenience; in others the delay may be serious.

A copy of the printed instructions concerning the Medical Referee procedure is now with every hospital, and this has done a great deal to facilitate admission when this procedure has been invoked.

MISCARRIAGES

It is encouraging that the need to Medically Referee patients continues to fall, possibly because of the reference to this problem in Annual Reports over the past few years.

In 1959, the Committee felt that it should not be necessary to Medically Referee more than 10% of all patients in a normal winter.

Since miscarriages are one of the commonest causes of Maternal Mortality, these patients ought to be accepted for admission without calling upon the Medical Referee.

| <i>Year</i> | | | | <i>Admitted</i> | <i>Med. ref. rate:</i> |
|-------------|-----|-----|-----|-----------------|------------------------|
| 1963-1964 | ... | ... | ... | 5,732 | 17.5% |
| 1964-1965 | ... | ... | ... | 5,816 | 13.4% |
| 1965-1966 | ... | ... | ... | 5,670 | 12.2% |
| 1966-1967 | ... | ... | ... | 4,932 | 10.5% |

The Medical Referee rate for Acute Gynaecological Emergencies also fell from 9.0% (1965-66) to 7.7%.

DEPUTISING SERVICES FOR GENERAL PRACTITIONERS

It is now some years since the Deputising Services were started to relieve general practitioners when they wished to be off duty. These Services meet a very real need, and will presumably continue until such time as group practice becomes universal and doctors can arrange their time off between themselves.

The Deputising Services in practice depend heavily on the E.B.S. as they use the E.B.S. mainly at night for the admission of patients. Though excellent in principle, they vary considerably in quality and there have been many occasions where, when the E.B.S. has been asked to obtain further information about a case, it has been quite impossible to contact the relief doctor.

Since the Relief Services are in practice part of the N.H.S., it seems surprising that they are not uniformly efficient.

OPERATIONAL INSTRUCTIONS

The Service has been in operation for 29 years and it must be known by general practitioners that cases can only be accepted by the E.B.S. when the patient has been seen by a doctor within the last 24 hours. There have been occasions recently when the doctor has not complied with this requirement. A considerable degree of confusion and waste

of public time and money usually follows this omission, involving the hospital and the Ambulance Service. If a doctor has left a "note" with a patient 2/3 days previous to his call to E.B.S. and has not seen the patient since that time, he should inform the E.B.S. accordingly. He can rely upon the Service to give him every assistance, and treat each case in the light of the surrounding circumstances. The case will be "worked", but the ambulance will not be ordered until the doctor has seen the patient.

HOSPITAL CLOSURES AND RESTRICTIONS

It is the practice of Admissions Officers in the hospitals to inform the Emergency Bed Service by telephone of the closure of wards and of other matters which require the Service to cease applying for admission for a time. These restrictions on admission are immediately passed to the Metropolitan Regional Hospital Board concerned. The system has worked most satisfactorily with the active co-operation of the Senior Administrative Medical Officers of the Boards who are kept fully informed of the flow of admissions through the E.B.S. in the area of their responsibility.

The Ministry of Health likewise receives lists, at weekly intervals, of closures and restrictions.

VISITS

The Service was very happy to receive the Rt. Hon. Kenneth Robinson, M.P., the Minister of Health, when he made an informal visit in January, 1967. Mr. Robinson has in fact known the Service for many years and was welcomed as an old friend.

The Service has been glad, both in 1966 and in previous years, to welcome visits from newly qualified nurses who come in order to learn how the E.B.S. works. An increase in the number of these visits would be welcome as nothing but good can accrue, both to the hospitals and the Service, from mutual understanding of each other's difficulties.

The Service would also like to receive visits from senior medical students or newly qualified graduates, in order that they too might understand how the Service works. It is of course well known that students already have a very full curriculum and perhaps the best time for visits would be when they are doing their post-graduate year. If hospitals could encourage these young men and women to visit E.B.S. it would be greatly appreciated.

ACKNOWLEDGMENTS

The E.B.S. would like to acknowledge the assistance of the Ministry of Health, the Metropolitan Regional Hospital Boards, and the doctors, nurses, and administrative staff of the hospitals. It would also like to thank the general practitioners of London for their co-operation. Finally, the Chairman and Committee wish to thank the Regional Medical Admissions Officers attached to the Service for their valued help and advice.

GENERAL ACUTE CASES

APPENDIX I

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| | Applications | | | Admissions | | | Cases not admitted | | |
|-----------|--------------|--------|--------|------------|--------|--------|--------------------|--------------------|-----------------|
| | 1966/7 | 1965/6 | 1964/5 | 1966/7 | 1965/6 | 1964/5 | G.P. Cases | Hospital Transfers | Cases Withdrawn |
| | | | | | | | | | |
| April | 4,501 | 4,983 | 4,722 | 4,422 | 4,871 | 4,572 | 12 (26) | 7 (8) | 60 (78) |
| May | 4,002 | 4,214 | 4,430 | 3,916 | 4,133 | 4,331 | 20 (17) | 6 (7) | 60 (57) |
| June | 3,750 | 4,149 | 4,272 | 3,672 | 4,061 | 4,177 | 15 (27) | 7 (7) | 56 (54) |
| July | 3,639 | 3,940 | 4,015 | 3,590 | 3,857 | 3,947 | 5 (19) | 2 (6) | 42 (58) |
| August | 3,546 | 3,818 | 3,788 | 3,494 | 3,743 | 3,717 | 6 (22) | 4 (6) | 42 (47) |
| September | 3,669 | 3,894 | 3,850 | 3,614 | 3,821 | 3,758 | 16 (16) | 4 (9) | 35 (48) |
| October | 3,953 | 4,317 | 4,347 | 3,870 | 4,222 | 4,247 | 20 (30) | 4 (5) | 59 (60) |
| November | 4,352 | 4,766 | 4,552 | 4,257 | 4,645 | 4,443 | 25 (35) | 9 (10) | 61 (76) |
| December | 4,808 | 5,127 | 5,046 | 4,688 | 5,022 | 4,946 | 28 (27) | 8 (3) | 84 (75) |
| January | 5,147 | 6,275 | 5,764 | 4,974 | 6,069 | 5,585 | 86 (85) | 8 (13) | 79 (108) |
| February | 4,130 | 5,403 | 4,866 | 4,026 | 5,260 | 4,729 | 33 (52) | 8 — | 63 (91) |
| March | 4,202 | 5,422 | 6,090 | 4,110 | 5,283 | 5,907 | 21 (39) | 7 (1) | 64 (99) |
| | 49,699 | 56,308 | 55,742 | 48,633 | 54,987 | 54,359 | 287 (395) | 74 (75) | 705 (851) |

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

APPENDIX II

INFECTIOUS CASES

| | | | Total Applications | | Total Admissions | |
|---------------|-----|-----|--------------------|---------|------------------|---------|
| 1966 | | | | | | |
| April ... | ... | ... | 270 | (322) | 268 | (321) |
| May ... | ... | ... | 266 | (264) | 263 | (264) |
| June ... | ... | ... | 290 | (240) | 284 | (237) |
| July ... | ... | ... | 270 | (247) | 268 | (246) |
| August ... | ... | ... | 246 | (236) | 242 | (233) |
| September ... | ... | ... | 223 | (215) | 221 | (213) |
| October ... | ... | ... | 265 | (225) | 264 | (223) |
| November ... | ... | ... | 339 | (269) | 333 | (267) |
| December ... | ... | ... | 419 | (296) | 410 | (292) |
| 1967 | | | | | | |
| January ... | ... | ... | 365 | (330) | 358 | (321) |
| February ... | ... | ... | 364 | (281) | 361 | (279) |
| March ... | ... | ... | 295 | (263) | 290 | (260) |
| | | | 3,612 | (3,188) | 3,562 | (3,156) |

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

APPENDIX III
GENERAL PRACTITIONER'S ACUTE CASES
ANALYSIS AGE GROUPS

November 12th, 1966—March 4th, 1967

| Age Groups | Cases Offered | Percentage Admitted | Increase or Decrease compared with corresponding period of 1965—1966 |
|-----------------------|-----------------|---------------------|--|
| Birth — 20 | 2,703 (3,123) | 100.0 (100.0) | |
| 21 — 30 | 1,956 (2,121) | 100.0 (99.8) | + 0.2% |
| 31 — 40 | 1,127 (1,333) | 99.7 (99.8) | - 0.1% |
| 41 — 50 | 1,043 (1,223) | 99.7 (100.0) | - 0.3% |
| 51 — 60 | 1,949 (2,247) | 99.1 (98.7) | + 0.4% |
| 61 — 70 | 3,009 (3,666) | 98.9 (99.0) | - 0.1% |
| 71 — 80 | 3,095 (4,111) | 99.1 (98.6) | + 0.5% |
| Over 80 | 2,230 (2,655) | 96.5 (97.7) | - 1.2% |
| TOTAL OFFERED: | 17,112 (20,479) | | |

APPENDIX IV

MEDICALLY REFERRED CASES

| | | | Acute | Fevers |
|---------------|-----|-----|---------------|---------|
| 1966 | | | | |
| April ... | ... | ... | 591 (665) | 3 (3) |
| May ... | ... | ... | 413 (377) | 4 (—) |
| June ... | ... | ... | 320 (348) | 5 (1) |
| July ... | ... | ... | 227 (278) | 2 (—) |
| August ... | ... | ... | 184 (232) | 1 (1) |
| September ... | ... | ... | 177 (291) | 1 (—) |
| October ... | ... | ... | 266 (383) | 1 (—) |
| November ... | ... | ... | 384 (569) | 5 (2) |
| December ... | ... | ... | 375 (487) | 23 (7) |
| 1967 | | | | |
| January ... | ... | ... | 908 (1,269) | 11 (8) |
| February ... | ... | ... | 515 (1,089) | 6 (7) |
| March ... | ... | ... | 380 (1,036) | — (4) |
| TOTAL ... | ... | ... | 4,740 (7,024) | 62 (33) |

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

King's Fund



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