

EMERGENCY  
BED SERVICE

---

(KING EDWARD'S HOSPITAL FUND FOR LONDON)

REPORT FOR THE YEAR  
ENDED 31st MARCH

1964

**THE KING'S FUND  
INFORMATION CENTRE**

11-13 CAVENDISH SQUARE  
LONDON W1G 0AN

Class mark HOAUR	Extensions Kin
Date of receipt	Price

41  
8/20  
41

# KING EDWARD'S HOSPITAL FUND FOR LONDON

---

## *Emergency Bed Service Committee*

DR. G. F. ABERCROMBIE, *Chairman*

DR. H. ALEXANDER

BRIG. G. P. HARDY-ROBERTS

LORD AMULREE

MR. S. C. HARRIS

DR. F. J. FOWLER

CAPTAIN A. LADE, R.N.

MR. A. J. GARDHAM

DR. J. A. SCOTT

SIR EDMUND STOCKDALE, B.T.

### *Director :*

MR. R. E. PEERS

### *Secretary :*

CDR. J. R. E. LANGWORTHY, R.N.

# EMERGENCY BED SERVICE

## 26th ANNUAL REPORT

Report for the year ended 31st March, 1964

---

### GENERAL REVIEW OF THE YEAR

For each of the first seven months of the year under review applications for the admission of general acute cases exceeded those for the corresponding month of the previous year. The winter was, however, one of the quietest ever experienced by the Service, and requests for beds remained around 1,200 a week throughout except for a short period in late December and early January when they reached 1,600. This situation is in accordance with the general experience of the Service that severe winters, or those in which epidemic conditions prevail, tend to be followed by those in which applications are below normal. The following figures for the first three months of three "bad" and three "good" winters illustrate this point: —

Jan./Mar. 1953—21,197 applications	1954—17,309 applications
Jan./Mar. 1959—20,125 applications	1960—15,498 applications
Jan./Mar. 1963—21,136 applications	1964—16,168 applications

The total number of cases dealt with during the year was 60,927, compared with 65,972 in the previous year.

## INFECTIOUS CASES

The maximum demand for the admission of infectious cases was 442 (in April 1963). During the rest of the year requests for beds were well below this level and no difficulty was experienced in admitting cases. There appears, however, to have been a further reduction in the number of beds available for these cases, and the anxiety expressed by the Service in its Annual Report for the year 1962-63 persists. Unless provision exists for a rapid expansion of infectious diseases beds, a comparatively small scale epidemic is likely to cause great difficulty.

## MEDICAL REFEREE PROCEDURE

The extent to which the Medical Referee procedure has to be employed in order to arrange the admission of patients has been the subject of comment in many previous reports. During the latter part of the summer and autumn, and with admissions running at much the same level as in the previous year, there was an improvement. In November 1963, for example, 7.4% of patients were admitted through the Referees, compared with 9.0% in November 1962. During the winter, however, the referee rate was again high. 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>
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
1964	15,688	2,169	13.8

Taking into account the much smaller number of cases dealt with in 1964, it is evident that no great improvement has occurred, and there seems no doubt that many hospitals are refusing cases when they have empty beds. There is, for instance, an evident "prejudice" against abortions; in March 1963, 136 out of 498 (27.3%) were admitted through the Referee procedure, as compared with 13 out of 85 (15.3%) for other gynaecological cases. For the year 1963 as a whole it was necessary to employ the Referee procedure for 17.5% of abortions.

It is important to consider why hospitals should refuse cases when they have empty beds. Doubtless the fear of having beds blocked with long-stay cases plays its part, but a large number of patients admitted

through the Referees are young people suffering from acute surgical conditions. Such cases are sometimes refused on the grounds that the hospital must keep beds available for "emergencies". Since however, the patient being offered by the Service is an emergency, such an argument is illogical.

## **THE WARNING SYSTEM**

In the report for the previous year, the Service drew attention to the failure in recent years of the Yellow Warning to provide more beds for emergency cases, and the resulting long periods of Red Warning. Consultations during the summer led to the Ministry and Regional Hospital Boards issuing revised instructions regarding the action to be taken by hospitals on receipt of the two Warnings, which it was hoped would lead to a more effective response to the Yellow Warning. During the winter of 1963-64 the volume of work was never sufficient to give the new instructions a real test. A Yellow Warning was in force from January 3rd-14th. During this time weekly applications for beds averaged around 1,500, and the proportion of cases admitted through the Referee remained fairly steady at about 16%. The fact that the Referee rate did not rise during this period of comparatively heavy demand is encouraging and seems to indicate that the new instructions are causing hospitals to take more effective action than was the case last year. The Warning period was, however, too short and the extra demand too small to draw definite conclusions.

## **MATERNITY CASES**

The number of maternity cases dealt with increased steadily for the first nine months of the year under review, and for the twelve months ending 31st December, 1963, totalled 4,202, compared with 3,714 in 1962. During the first quarter of 1964, however, the situation improved and requests for beds totalled 846 compared with 1,140 in the first three months of the previous year. As before, the majority of these patients required a hospital confinement for social reasons and neither the antenatal clinics nor the family doctor had been able book a bed in advance. As a result, it was necessary to admit these women as emergencies after labour had started.

In August 1963, the Ministry of Health initiated steps which it is hoped will prevent the continuation of this unsatisfactory state of affairs. Arrangements are now being made under which each maternity unit—or group of maternity units—will be responsible for all obstetric cases

arising within a specified area. A woman needing a hospital confinement, whether for medical or social reasons, will then be booked by the unit or group of units concerned. This scheme is expected to be fully effective in the autumn, and it is to be hoped that thereafter requests to the Service in respect of maternity cases will be confined to genuine medical emergencies, plus those patients who for one reason or another do not seek advice until labour has started.

Pending the full implementation of the new scheme, the Service put forward a proposal to the Regional Hospital Boards and Teaching Hospitals that the number of vacant beds should be reported to the E.B.S. each evening. It was felt that, despite the rapidity with which the bed situation in a unit can change, the possession of this information would materially reduce the time taken in admitting maternity cases and help to reduce the number of cases admitted through the Referee procedure.

The proposal was accepted by the Regional Hospital Boards and by a number of the Teaching Hospitals, and has proved an outstanding success. Not only has the time taken to find a bed been reduced from an average of about 30 minutes to about 15 minutes, but the proportion of cases in which it was necessary to use the Referee procedure in March 1964 was only 3.8% compared with 20.7% in March 1963.

## **VISITS**

A Reception was held in November which was attended by some 100 members of hospital staffs and some general practitioners, and in January the Minister of Health, Mr. Anthony Barber, visited the Service and saw it at work during a fairly busy period.

Visits were also received from many people connected with the hospital service during the course of the year, including 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 staff and from doctors engaged in general practice.

## **ACKNOWLEDGEMENTS**

Dr. H. G. R. Canning, who for 15 years had been one of the Regional Medical Admissions Officers attached to the Service, retired in September 1963. During his term of office Dr. Canning dealt with many difficult cases, and the Service is grateful to him for his unfailing help. He has been relieved by Dr. D. R. V. Prys-Jones, who has had extensive experience both in general practice and in hospital work in Wales, and to him the Service extends a hearty welcome.

Finally the Service would like to thank all those on whose co-operation it so greatly depends for its work; to the hospitals in the London area, the Ministry of Health, the Senior Administrative Medical Officers of the Metropolitan Regional Hospital Boards, and the general practitioners of London it is very grateful. It would also like to thank the Regional Medical Admissions Officers attached to the Service for their valuable help and advice in dealing with difficult cases.

# GENERAL ACUTE CASES

## APPENDIX I

8

			Applications	Admissions	Cases not admitted				
					Failures to Admit			Cases withdrawn by applicants	
					G.P. Cases		Hospital Transfers		
1963									
April	...	...	4,900 (4,605)	4,759 (4,464)	64	(65)	8	(8)	69 (68)
May	...	...	4,618 (4,337)	4,453 (4,190)	59	(72)	15	(5)	91 (70)
June	...	...	4,016 (3,855)	3,920 (3,735)	25	(43)	11	(4)	60 (73)
July	...	...	4,185 (4,044)	4,108 (3,934)	19	(47)	5	(1)	53 (62)
August	...	...	4,074 (3,750)	3,999 (3,669)	8	(19)	3	(5)	64 (57)
September	...	...	4,101 (3,813)	4,032 (3,716)	19	(35)	2	(8)	48 (54)
October	...	...	4,450 (4,240)	4,348 (4,137)	36	(31)	7	(11)	59 (61)
November	...	...	4,618 (4,667)	4,500 (4,541)	45	(46)	6	(14)	67 (66)
December	...	...	5,606 (5,846)	5,492 (5,697)	37	(76)	4	(4)	73 (69)
1964									
January	...	...	5,864 (7,512)	5,705 (7,135)	75	(229)	11	(4)	73 (144)
February	...	...	4,997 (7,415)	4,822 (7,061)	76	(200)	3	(3)	96 (151)
March	...	...	5,307 (6,209)	5,161 (5,985)	44	(105)	10	(7)	92 (112)
TOTAL	...	...	56,736 (60,293)	55,299 (58,264)	507	(968)	85	(74)	845 (987)

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

## APPENDIX II

### INFECTIOUS CASES

			Total Applications	Total Admissions
<b>1963</b>				
April ...	...	...	422 (441)	437 (436)
May ...	...	...	401 (386)	401 (380)
June ...	...	...	387 (424)	383 (422)
July ...	...	...	399 (473)	396 (469)
August ...	...	...	299 (326)	296 (323)
September ...	...	...	267 (352)	266 (374)
October ...	...	...	319 (409)	316 (404)
November ...	...	...	357 (475)	354 (471)
December ...	...	...	260 (479)	256 (475)
<b>1964</b>				
January ...	...	...	316 (511)	312 (505)
February ...	...	...	374 (816)	363 (759)
March ...	...	...	370 (587)	367 (570)
<b>TOTAL ...</b>	<b>...</b>	<b>...</b>	<b>4,191 (5,679)</b>	<b>4,147 (5,561)</b>

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

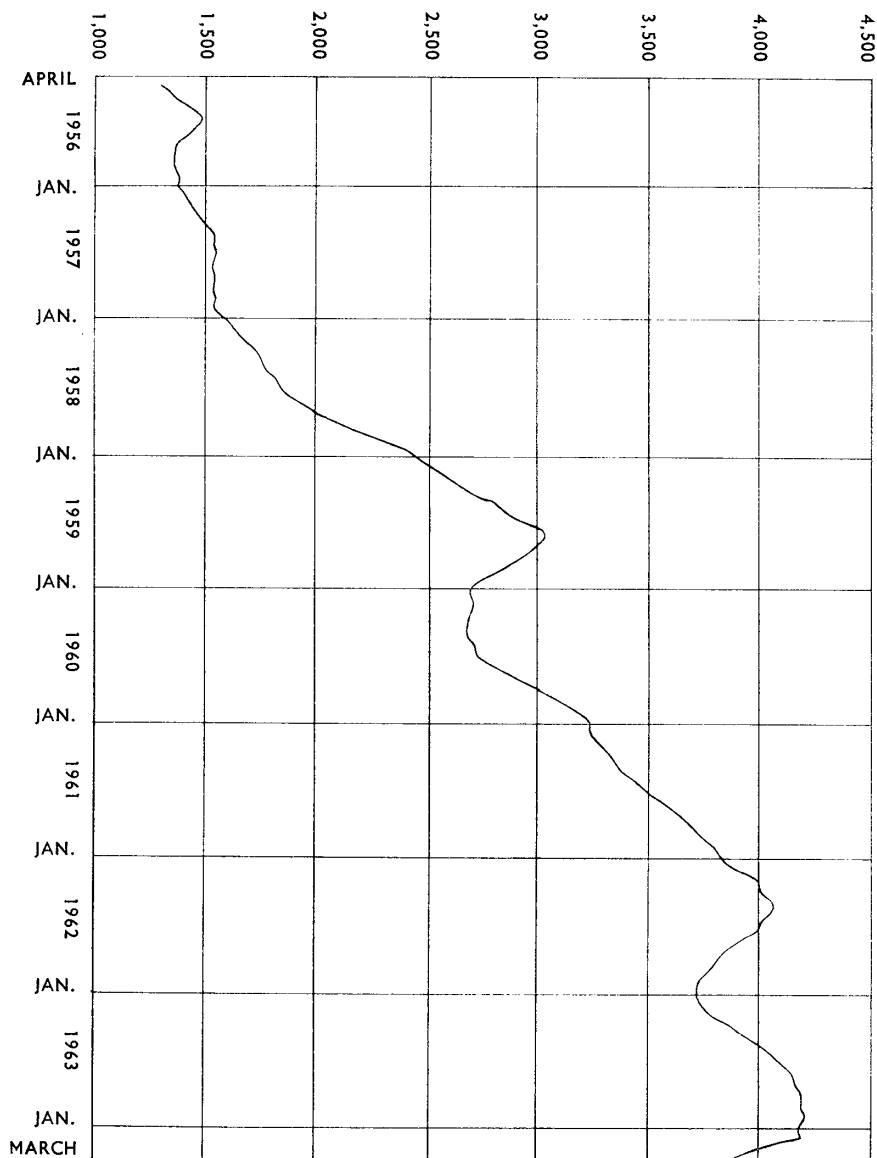
**APPENDIX III**  
**GENERAL PRACTITIONER'S ACUTE CASES**  
**ANALYSIS AGE GROUPS**

**November 17th, 1963 — March 7th, 1964**

Age Groups	Cases Offered	Percentage Admitted	Increase or Decrease compared with corresponding period of 1962 - 63
Birth—20	3,240 (3,606)	99.9 (99.9)	0.0%
21—30	2,762 (2,716)	99.7 (99.5)	+0.2%
31—40	1,413 (1,421)	99.3 (99.5)	—0.2%
41—50	1,160 (1,423)	99.3 (98.5)	+0.8%
51—60	2,223 (3,039)	98.8 (98.1)	+0.7%
61—70	3,095 (4,616)	97.7 (97.1)	+0.6%
71—80	3,464 (4,947)	97.9 (96.1)	+1.8%
Over 80	2,297 (3,217)	97.8 (95.3)	+2.5%
Total Offered:	19,654 (24,985)		

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

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



Lestadon Press Ltd., 5-11 Lavington Street, Southwark, S.E.1.

King's Fund



54001001613192

