

**EMERGENCY
BED SERVICE**

(KING EDWARD'S HOSPITAL FUND FOR LONDON)

REPORT FOR THE YEAR
ENDED 31st MARCH

1962

**THE KING'S FUND
INFORMATION CENTRE**

11-13 CAVENDISH SQUARE
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KING EDWARD'S HOSPITAL FUND FOR LONDON

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EMERGENCY BED SERVICE

24th ANNUAL REPORT

Report for the year ended 31st March, 1962

GENERAL REVIEW OF THE YEAR

The volume of work during the year under review was much the same as for the preceding year, requests for beds totalling 64,407, compared with 63,461 in the year ended 31st March, 1961, but the pattern differed in several respects. Except in October, every month up to December showed a modest increase in applications compared with the corresponding month of the previous year. The reason for this is not entirely clear; a substantial contribution to the rise came from gynaecological and maternity cases, but several other disease categories also showed increases. It seems possible that the gradual introduction of Subscriber Trunk Dialling has had the effect of causing more doctors to use the Service, for in most cases, it will take them considerably longer, and cost more, to arrange admission by direct approach to hospitals.

Applications during the Christmas holiday period were abnormally high, and, as expected, heralded a sharp rise immediately after the holiday season. The rate of increase was, however, much greater than last

year, and weekly applications for the admission of general acute cases reached a peak of 1,995 during the seven days ending January 4th—some 260 above the New Year “high” of 1961. From this point work decreased, and after the 8th fell rapidly, so that by the end of the month weekly applications were about 1,300—an unusually low figure for the time of year.

A second peak was confidently expected in February, past experience having shown that, in winters of heavy demand, this second peak nearly always occurs. In the year under review, however, it failed to materialize despite a long spell of severe weather, and requests for beds for general acute cases remained at about 1,250 per week until early March, when a further rise set in. Although applications in March never reached a very high figure, the demand was above normal throughout the month, and the Service experienced considerable difficulty in finding beds for all those needing them, as is shown by the fact that 18.8% of admissions were arranged only by invoking the Medical Referee procedure.

INFECTIOUS CASES

The epidemic of Measles to which reference was made in the last Report of the Service, and which caused considerable difficulty in the early months of 1961, waned rapidly after March. In April it was still necessary to employ the Medical Referee procedure for 16 fever admissions, but after that month little difficulty was experienced in finding beds for all those who needed them.

MEDICAL REFEREE PROCEDURE

As is known, patients admitted by means of this procedure are those who, the Service having failed to admit through normal application, are judged 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.

Once more it is necessary to record the large and increasing number

of patients for whom beds could only be found by the use of the Medical Referee 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>
1958	15,792	1,888	11·9
1959	18,746	2,189	11·6
1960	14,665	1,681	11·4
1961	17,168	2,616	15·2
1962	17,083	2,766	16·2

As has been stated in previous reports, the employment of the Medical Referee procedure on a wide scale is most unfortunate, since it inevitably impairs good relations between the Service and hospitals, and causes delay in the admission of patients.

Enquiries seem to indicate that one of the reasons for this unsatisfactory state of affairs may be an unwillingness on the part of hospitals to accept cases from outside what they consider to be their “catchment area”. A reluctance to admit long-stay cases, or those which are largely social problems, from another area is understandable. Examination of “refereed” cases, however, shows that many are not in these categories at all. That a hospital with vacant beds should refuse admission to an acute surgical or medical emergency merely because the patient lives in the “wrong” street is hard to justify.

An example of this tendency is provided by a recent maternity case, which the nearest hospital was unable to admit due to lack of beds. The case was offered to two adjacent hospitals, both of whom refused, although it was later ascertained that they had empty beds. It was not necessary to use the Referee procedure in this instance, as the eighth hospital accepted the patient. Her admission was however delayed, and she had to travel an unnecessary distance, as a direct result of the refusal of the two hospitals with vacant beds to help her.

THE WARNING SYSTEM

Warnings were in force as follows: —

1st— 9th January	...	Red.
10th—22nd January	...	Yellow.

As has been stated earlier, the rise in applications for general acute cases was particularly rapid after Christmas, and especially so in the last few days of 1961. On Monday, January 1st, it was decided to issue a Red Warning without the usual preliminary Yellow Warning. This step was most effective: on 31st December the Medical Referee procedure had to be used for 43 out of 200 admissions, i.e. 21.5%. On 1st January, 50 out of 343 patients were admitted in this way, i.e. 14.6%, and for the whole period of the Red Warning the Referee rate averaged 14.1%.

As in past years, the response to the Warning varied. Many hospitals took a much larger number of cases from the E.B.S., and to them the Service owes a great debt of gratitude. In some hospitals, however, the Warning seems to have had little effect.

A "Yellow" Warning was substituted for the "Red" on January 10th. As was expected, this resulted in a rise in the Referee rate, but with requests for beds falling quickly, the Service did not feel itself justified in asking hospitals to continue the exceptional steps required by a Red Warning. With the continuing decrease in applications, the Referee rate should also have fallen, but did not do so, and on January 23rd, the Yellow Warning was cancelled as it appeared that it was being largely ignored. At this stage weekly applications were 1,409 and the Referee rate 15.8%.

MATERNITY CASES

The maternity situation, to which reference has been made in previous Reports, continued to deteriorate during the year under review, each month showing an increase in the number of cases handled by the Service compared with the corresponding month of the previous year. The total number of such cases was 4,014, as compared with 3,263 in

the previous twelve months, and 2,693 in the year ended 31st March, 1960. To place these figures in proportion, it must be recorded that in 1955, the Service dealt with only 1,207 maternity cases.

In order to ascertain whether the increase in maternity beds in London over the last two years is keeping pace with the rising demand, an analysis has been made of the percentage of such cases admitted through the Medical Referee procedure. Figures are given below: —

		1960		1961	
		<i>Admissions</i>	<i>% via Med. Refs.</i>	<i>Admissions</i>	<i>% via Med. Refs.</i>
April	...	266	7.2	329	10.0
May	...	294	10.9	329	15.5
June	...	258	10.5	353	10.8
July	...	290	10.0	319	12.6
August	...	271	8.5	360	11.4
September	...	263	11.8	332	9.3
October	...	251	13.5	323	6.2
November	...	191	12.0	240	6.7
December	...	216	5.1	269	7.1
		1961		1962	
January	...	265	17.0	297	10.7
February	...	220	12.3	304	10.9
March	...	336	18.4	415	21.6
Average for year		11.6		11.6	

From the above it would appear that, although there was a fall in the Referee rate from September 1961 to February 1962, no long term improvement in this respect has occurred.

As in previous years, the majority of these patients were known well in advance to need hospital confinement for social reasons. To have to seek a bed for such a patient after labour has started is most unfair to her and to her general practitioner, both of whom suffer a great deal of unnecessary anxiety and inconvenience. The Service is, of course, happy

to deal with genuine obstetric emergencies, but it has repeatedly protested at having to handle what a leading article in the *Lancet** has called "deliberate emergencies".

VISITS

Visits were received from many people connected with the Hospital Service during the year, and included medical, nursing and lay staff. Such visits give valuable opportunities to explain some of the difficulties facing the Service and are thus useful in fostering good relations. The Service is always glad to receive visits, both from hospital officers and from doctors engaged in general practice.

A reception was held in November which was attended by over 100 members of hospital staffs, and at an Open Day in January visits were received from the Lady Mayoress, the Mayor and Mayoress of Bermondsey, a number of Chairmen of Hospital Management Committees, Boards of Governors of Teaching Hospitals and Medical Officers of Health.

ACKNOWLEDGEMENTS

In closing this Report, the Service would like to place on record its thanks for the help and co-operation it has received from hospitals, general practitioners, the Senior Administrative Medical Officers of the Metropolitan Regional Hospital Boards, The Ministry of Health, and other authorities with whom it has to deal. It would also like to thank the Regional Medical Admissions Officers attached to the Service for the assistance and advice they have given in some of the more difficult cases.

* *Lancet*, 14th Oct. 1961, p.861.

APPENDIX I

GENERAL ACUTE CASES

			Applications	Admissions	Cases not admitted			
					Failures to Admit		Cases withdrawn by applicants	
					G.P. Cases	Hospital Transfers		
1961								
April	...	...	4,622 (4,242)	4,450 (4,100)	75 (69)	21 (20)	76 (53)
May	...	...	4,530 (4,227)	4,384 (4,055)	61 (81)	14 (26)	71 (65)
June	...	...	4,262 (3,642)	4,124 (3,520)	49 (47)	19 (14)	70 (61)
July	...	...	4,104 (3,763)	4,003 (3,677)	30 (40)	4 (7)	67 (39)
August	...	...	3,875 (3,716)	3,762 (3,606)	39 (38)	4 (11)	70 (61)
September	...	...	4,047 (3,910)	3,958 (3,781)	42 (42)	6 (33)	41 (54)
October	...	...	4,674 (4,773)	4,532 (4,570)	52 (100)	10 (32)	80 (71)
November	...	...	4,871 (4,614)	4,723 (4,420)	64 (93)	15 (20)	69 (81)
December	...	...	6,041 (5,876)	5,800 (5,700)	130 (85)	12 (9)	99 (82)
1962								
January	...	...	6,770 (7,021)	6,481 (6,594)	171 (278)	9 (9)	109 (140)
February	...	...	5,127 (5,966)	4,919 (5,683)	103 (183)	18 (6)	87 (94)
March	...	...	5,957 (5,093)	5,683 (4,891)	149 (104)	18 (14)	107 (84)
TOTAL	...	...	58,880 (56,843)	56,819 (54,597)	965 (1,160)	150 (201)	946 (885)

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

APPENDIX II

INFECTIOUS CASES

			Total Applications	Total Admissions
1961				
April	...	...	712 (396)	696 (395)
May	...	...	571 (449)	569 (446)
June	...	...	433 (405)	429 (404)
July	...	...	473 (477)	465 (474)
August	...	...	491 (428)	488 (423)
September	...	...	333 (340)	329 (338)
October	...	...	343 (449)	343 (446)
November	...	...	398 (473)	395 (467)
December	...	...	415 (562)	411 (555)
1962				
January	...	...	468 (838)	464 (820)
February	...	...	420 (847)	418 (825)
March	...	...	470 (954)	467 (912)
TOTAL	...	...	5,527 (6,618)	5,474 (6,505)

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

APPENDIX III

GENERAL PRACTITIONER'S ACUTE CASES ANALYSIS AGE GROUPS

November 19th, 1961 — March 10th, 1962

Age Groups	Cases Offered	Percentage Admitted	Increase or Decrease compared with corresponding period of 1960-61
Birth—20	3,959 (3,329)	99.9 (100.0)	—0.1%
21—30	2,889 (2,631)	99.4 (99.2)	+0.2%
31—40	1,474 (1,606)	99.4 (99.0)	+0.4%
41—50	1,344 (1,480)	98.6 (98.6)	0.0%
51—60	2,571 (2,683)	97.9 (98.0)	—0.1%
61—70	3,601 (3,786)	97.2 (96.5)	+0.7%
71—80	3,979 (4,370)	96.1 (95.0)	+1.1%
Over 80	1,983 (2,404)	93.6 (93.7)	—0.1%
Total Offered:	21,800 (22,289)		

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

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