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# KING EDWARD'S HOSPITAL FUND FOR LONDON

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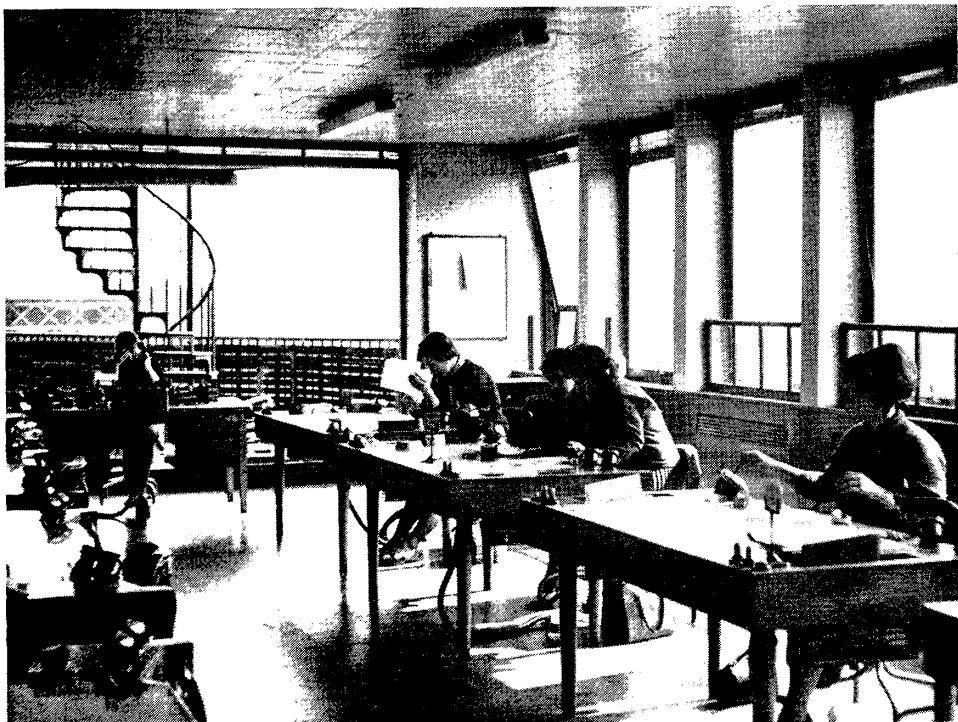
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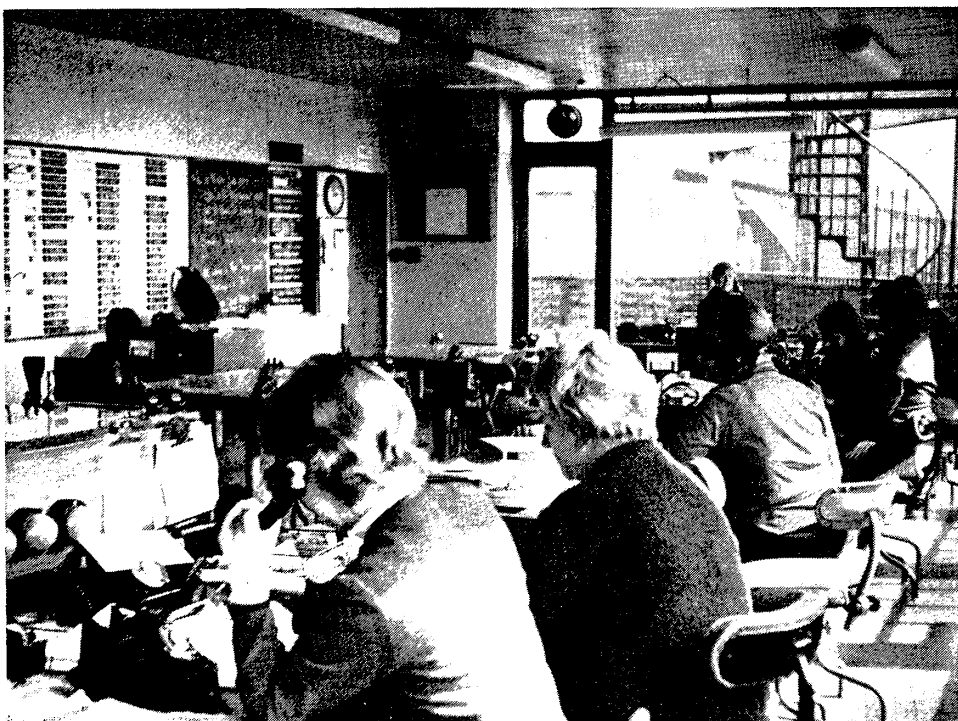
R. E. PEERS, C.B.E.

### *Secretary :*

K. S. MORFEY



*Part of the Operations Room.*



*Another view in Operations Room showing Control Board.*

# EMERGENCY BED SERVICE

## 30th ANNUAL REPORT

Report for the year ended 31st March, 1968

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### 30 YEARS' SERVICE

On the 21st June, 1968, the E.B.S. will celebrate 30 years of Service to the Citizens of London, the hospitals and general practitioners.

The Service, originally known as the Voluntary Hospitals Emergency Bed Service, was established in 1938 under a Joint Committee consisting of Sir Harold Wernher (Chairman), Lord Luke, Sir Ernest Pooley, Honorary Secretaries of King's Fund and Mr. O. N. Chadwyck-Healey, Dr. A. M. H. Gray, Professor Leonard S. Dudgeon and Dr. Geoffrey Evans, being representatives of the Voluntary Hospitals Committee. The Secretary of E.B.S. in 1938 was Mr. R. E. Peers, now Director of the Emergency Bed Service. In 30 years the Service has arranged the admission to hospitals of over 1,200,000 patients suffering from an acute emergency. Ambulances have been ordered and General Practitioners informed of the destination of their patients, in every case. At no cost to himself, the General Practitioner in London has received assistance, day and night.

The Service started in the days of Voluntary and Municipal hospitals. It worked officially with the voluntary hospitals and only admitted patients to the municipal hospitals unofficially. On July 4th, 1948, the National Health Service started. The old Voluntary and Municipal divisions were swept away and the E.B.S. started again as the agent of the four Metropolitan Hospital Boards. Instantly, the number of applications shot up and within a year the number of calls on the Service had gone up by 400%. The little office in which the Service was worked in 1948 immediately became overcrowded with Staff and Branch offices were set up to relieve the pressure. As soon as possible a new office at Fielden House was built on a bombed site and this was opened by the Duke of Gloucester in June, 1954. Since then the work of the Service has remained at well over four times its pre-Health Service figure. The E.B.S. is justly proud of the trust reposed in it and the resultant friendship which exists between the Service, the general practitioners and the hospitals of London.

## CHAIRMAN OF THE E.B.S. COMMITTEE

Dr. G. F. Abercrombie, V.R.D., M.D., retired on the 31st December, 1967, after 16 years of Service as Chairman. The able and firm control which Dr. Abercrombie exercised over the Service throughout these years was of the greatest benefit and his quiet counsel and kindly presence will be greatly missed.

Dr. F. Avery Jones, C.B.E., M.D., F.R.C.P., was appointed Chairman on the 1st January, 1968. Assuming his responsibilities at the height of an influenza epidemic, he was quickly able to assess the problems of running the Service.

## GENERAL REVIEW OF THE YEAR

The total number of applications to the Service for admission to hospital was 56,148, as against 53,311 in the year ended 31st March, 1967. Applications for infectious diseases fell to 2,960 from 3,612.

Admissions throughout 1967 followed the established pattern and called for no particular comment.

On the 5th November, 1967 a Southern Region passenger train was derailed at Hither Green with the loss of 53 lives. The disaster was dealt with under the Major Accident Procedure: so far as E.B.S. is concerned this means deflecting all other emergencies away from the hospitals admitting accident patients. The E.B.S. was able to play its part successfully.

Early in December a steady increase in applications was noted, with the result that 6,072 patients were admitted during the month, an increase of 26.3% over the admissions for December, 1966. This was due to the epidemic of influenza which started in London during the month of December and produced a large increase in patients suffering from upper respiratory infections.

The Red Warning was issued to all London hospitals during the night of 26th/27th December and on the latter day 337 applications were received. The Warning remained in force until 10th January when the Yellow Warning was substituted, finally to be cancelled on the 17th January. During the whole period of Warnings 5,591 applications were received.

Throughout the "Warning" period, no serious difficulty was encountered in arranging the admission of the many emergency cases. The Warning was effective in enabling all emergency patients to be admitted to hospital. There did, however, appear to be evidence that the Warning also resulted in keeping beds empty unnecessarily. Taking the view that there may possibly have been a waste of beds, the King's Fund set up in January a small working party consisting of Dr. F. J. Fowler, North West Metropolitan Regional Hospital Board, Dr. Hunter, St. George's Hospital, Mr. H. Roberts, Secretary of the Barnet Group Hospital Management Committee, Hon. J. L. C. Scarlett, House Governor of the London Hospital, Dr. G. S. R. Little, Miss P. W. Redman, Matron at the Whittington Hospital, Dr. F. Avery Jones,

Central Middlesex Hospital, Dr. Macaulay and Mrs. W. Raphael. This working party is at the time of issue of this report engaged in making detailed enquiries with the hospitals to find out how many were affected by the Warning. Whilst it must not be forgotten that the Warning was effective in ensuring that no patient failed to be admitted to hospital, it is possible that by the issue of guidance on how to act in the event of a future Warning, hospitals may be able to achieve the same admissions rate without any waste of beds.

## **MATERNITY ADMISSIONS**

Many previous Annual Reports referred to the Service's difficulty in admitting Maternity cases. This arose from the fact that the method of booking beds for maternity patients was inefficient in past years and it reached the point where the Service was asked to find emergency beds for some 4,000 normal confinements. In 1964 a system was introduced by which hospitals accepted definite areas for the selection of maternity cases for admission and since that time the calls on the Service have been reduced to about a tenth of the former figure. 1968 has followed the normal pattern.

## **AREAS OF ULTIMATE DISTRICT RESPONSIBILITY**

The Minister of Health has designated certain Regional Hospital Board hospitals as part of teaching groups with effect from 1st April, 1968. Areas of ultimate district responsibility have been allocated to hospital groups in part of inner London, to define which hospital group is responsible for admitting any patient living in a particular area who is in need of treatment. It should be made clear that the new decision to introduce areas of ultimate responsibility is intended only to affect acutely sick patients including any sick aged who need immediate admission.

The areas already established for Maternity, Psychiatry, mental illness and mental subnormality, tuberculosis and infectious diseases, remain unaffected. The district responsibility is intended to ensure that all urgent cases can be admitted in case of necessity. It must be remembered, however, that this responsibility of the hospitals does not limit the right of the General Practitioner to ask for his patient to be admitted to any hospital of his choice, nor does it limit the hospitals' liberty to accept such cases if they wish. The system of ultimate district responsibility will really only come into force when the patient would otherwise have been admitted by the Medical Referee system.

# GENERAL ACUTE CASES

## APPENDIX I

9

	Applications			Admissions			Cases not admitted		
	1967/68	1966/67	1965/66	1967/68	1966/67	1965/66	G.P. Cases	Hospital Transfers	Cases Withdrawn
April	4,005	4,501	4,983	3,940	4,422	4,871	11 (12)	2 (7)	52 (60)
May	4,279	4,002	4,214	4,199	3,916	4,133	15 (20)	1 (6)	64 (60)
June	3,861	3,750	4,149	3,789	3,672	4,061	20 (15)	4 (7)	48 (56)
July	3,674	3,639	3,940	3,612	3,590	3,857	11 (5)	6 (2)	45 (42)
August	3,542	3,546	3,818	3,492	3,494	3,743	6 (6)	1 (4)	43 (42)
September	3,637	3,669	3,894	3,592	3,614	3,821	6 (16)	4 (4)	35 (35)
October	4,015	3,953	4,317	3,948	3,870	4,222	4 (20)	3 (4)	60 (59)
November	4,515	4,352	4,766	4,425	4,257	4,645	25 (25)	2 (9)	63 (61)
December	6,072	4,808	5,127	5,921	4,688	5,022	65 (28)	10 (8)	76 (84)
January	6,273	5,147	6,275	6,108	4,974	6,069	68 (86)	4 (8)	93 (79)
February	4,511	4,130	5,403	4,405	4,026	5,260	27 (33)	9 (8)	70 (63)
March	4,804	4,202	5,422	4,696	4,110	5,283	33 (21)	6 (7)	69 (64)
	53,188	49,699	56,308	52,127	48,633	54,987	291 (287)	52 (74)	718 (705)

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



## APPENDIX II

### INFECTIOUS CASES

			Total Applications	Total Admissions
<b>1967</b>				
April ...	...	...	264 (270)	261 (268)
May ...	...	...	245 (266)	243 (263)
June ...	...	...	268 (290)	266 (284)
July ...	...	...	243 (270)	240 (268)
August ...	...	...	219 (246)	217 (242)
September ...	...	...	206 (223)	205 (221)
October ...	...	...	199 (265)	198 (264)
November ...	...	...	223 (339)	217 (333)
December ...	...	...	325 (419)	323 (410)
<b>1968</b>				
January ...	...	...	249 (365)	248 (358)
February ...	...	...	252 (364)	249 (361)
March ...	...	...	267 (295)	260 (290)
			2,960 (3,612)	2,927 (3,562)

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

### APPENDIX III

#### MEDICALLY REFERRED CASES

			Acute	Fevers
<b>1967</b>				
April ...	...	...	389 (591)	1 (3)
May ...	...	...	408 (413)	2 (4)
June ...	...	...	314 (320)	2 (5)
July ...	...	...	296 (227)	— (2)
August ...	...	...	167 (184)	2 (1)
September ...	...	...	210 (177)	3 (1)
October ...	...	...	307 (266)	— (1)
November ...	...	...	369 (384)	1 (5)
December ...	...	...	796 (375)	8 (23)
<b>1968</b>				
January ...	...	...	1,213 (908)	2 (11)
February ...	...	...	740 (515)	2 (6)
March ...	...	...	767 (380)	2 (—)
			5,976 (4,740)	25 (62)

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

King's Fund



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