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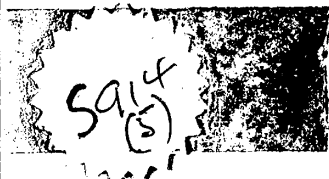
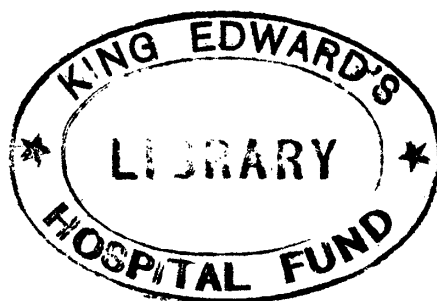
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EMERGENCY BED SERVICE

(KING EDWARD'S HOSPITAL FUND FOR LONDON)

REPORT FOR THE YEAR
ENDED 31st MARCH

1958



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EMERGENCY BED SERVICE

20th ANNUAL REPORT

Report for the Year ended 31st March, 1958

INTRODUCTION

With the approach of the tenth anniversary of the establishment of the Health Service, it is perhaps appropriate to start this report with a brief review of the changes in the work of the Emergency Bed Service which have taken place since 1948.

The first and most obvious effect of the establishment of the National Health Service was a large increase in the number of cases handled by the E.B.S. In pre-National Health Service days applications to the Service numbered some 13,000 per annum. In the first full year of the National Health Service over 50,000 cases were dealt with and this figure continued to rise until 1951, since when it has remained at between 60,000 and 75,000 per annum – the former figure applying to quiet years, and the latter to years which include winters in which major epidemic conditions prevailed. A further feature has been the steady decline in the number of requests received for the admission of infectious cases, which in the early years of the Health Service varied between 1,000 and 2,000 a month. In recent years monthly applications have rarely reached 1,000 and have mostly been between 500 and 800. In all 615, 098 cases have been handled by the Service between 5th July, 1948 and 31st March, 1958. Of these immediate admission was arranged in 556,091.

Another change resulting from the establishment of the Health Service was that the E.B.S. became an agent for the four Metropolitan Regional Hospital Boards, and Medical Officers were appointed by the Boards to act in conjunction with the Service. These doctors (whose title is Regional Medical Admissions Officer) are armed with the power to insist on the admission of a patient if the Service has failed to find a bed by normal means and admission is deemed essential on medical grounds. The Service is greatly indebted to these officers, and also the Medical Referees in the various Hospital Management Committees, for their help and kindness in dealing with difficult cases.

GENERAL REVIEW OF THE YEAR

During the year the Service received 65,491 applications for admission to hospital. This is 4,518 more than in the previous year which was unusually quiet (see appendices 1 and 2). The average time taken to admit a case without the aid of the Medical Referee Procedure remained the same (26 minutes). Cases admitted through the referee were in hand for an average of 81.0 minutes compared with 94.6 minutes last year. Since the average number of hospitals approached remains the same (7), there has been a significant improvement in the time taken by the referees to deal with such cases. It is emphasized that these figures are an overall average. The time taken to deal with very urgent cases is, of course, much less.

The proportion of general practitioner's cases admitted over a 16 week period in the winter is shown in appendix 3, divided into different age groups. The fact that a smaller proportion was admitted was perhaps inevitable with 4,000 more applications than last year. As is usual the largest decline in the number admitted was among the older patients.

The year was marked by a number of unusual features, the first was the outbreak of Asian Influenza in October during which month 6,408 applications were received for the admission of general acute cases compared with a normal figure of about 4,000 at this time of the year. This situation did not cause the Service any undue difficulty,

perhaps because the hospitals had ample warning beforehand, and also because the patients were mostly young and healthy and their stay in hospital consequently short. Since hospitals were themselves handicapped by sickness among the nursing staff, they must have been working under considerable difficulty, and it is greatly to their credit that they continued to admit patients in spite of this. The epidemic waned rapidly and applications were at normal level in November.

In December, requests for admission increased very quickly to a level not usually expected until the New Year, and applications continued at a high level throughout the month of January. The usual decline at Christmas was small – indeed the number of requests for admission during Christmas week was almost the same as the highest weekly peak of the previous year. In the week ended January 2nd, the Service received 1,989 applications, the highest figure ever reached except in the winter of 1952-3, when the great December fog was followed in the New Year by a severe epidemic of influenza. The chief feature of the winter was, therefore, the arrival of the winter peak of work one month earlier than is normal.

In the middle of January there was a rapid rise in the number of applications for the admission of babies suffering from acute respiratory disease. Requests for cots for these patients increased steadily until mid-February when a decline began. In the worst week 256 cases were dealt with in the 0-4 age group – the great majority being babies. This figure was 45% of all requests for the admission of respiratory cases whereas it should normally be about 15%. The Ministry were supplied with information regarding the outbreak and carried out extensive investigations, though it is understood that so far their investigations have not led to any positive conclusions.

MEDICAL REFEREE PROCEDURE

As is well known, patients admitted through the medical referees are those whom, the Service having failed to admit by normal application, are adjudged by the Regional Medical Admissions Officer of the

Boards attached to the Service, to require immediate admission. Such cases are passed to the Medical Referees of the Groups for admission.

In the last report, concern was expressed at the growing proportion of cases in which it was necessary to invoke this procedure. It is satisfactory to note that there were signs of improvement during the year despite an increase in the number of applications. It is to be hoped that this trend will continue since a wide use of the referee system impairs good relations between the Service and the hospitals. Figures for the months of January to March over the past seven years are given in the table below:—

<i>Jan.—March</i>	<i>Applications</i>	<i>Admissions</i>	<i>Med. Refs.</i>	<i>% Admitted via Med. Refs.</i>
1952	14,891	12,834	705	5.4
1953	21,197	17,642	2,044	11.5
1954	17,309	15,389	1,955	12.7
1955	18,106	16,250	2,002	12.3
1956	19,005	16,993	2,633	15.4
1957	15,982	14,914	1,527	10.2
1958	17,097	15,792	1,888	11.9

MATERNITY CASES

Although the total number of cases handled by the Service has not altered greatly since 1951, maternity cases have shown a steady increase throughout the past two or three years. This increase is not evident from a study of the total figures since such cases only form a small proportion of the total, and their effect on that total is masked by the decrease in applications for infectious cases which has gone on concurrently. At present the Service is dealing with more than 1,600 maternity cases annually compared with about 950 in 1955, and the situation now causes some anxiety. It seems that, especially in certain areas, the ante natal clinics are finding it increasingly difficult to book patients for a hospital confinement, even when it is evident at the outset that a home confinement is impossible for social reasons. Many clinics now instruct patients, for whom it was not possible to book a bed, to call in their family doctor or midwife when labour starts, and to ask

him or her to arrange admission through the Service. This is a most unsatisfactory procedure and results in a last minute rush to obtain an 'emergency bed' for a patient who only becomes an emergency through failure to provide a bed in advance. It is unfair to the patient who suffers unnecessary anxiety and inconvenience, and there have been a number of cases where this procedure has resulted in the baby being born in the ambulance or in unsuitable conditions at home before it has been possible to find a bed in hospital. It is also unfair to the Service and to the Regional Medical Admissions Officers, who are put to the unpleasant necessity of forcing a patient into hospital at very short notice when the hospital is already full.

It would appear that there are not enough maternity beds to serve the needs of the population. It may be that those responsible for bookings are being insufficiently selective in arranging them. It is not for the Service to suggest the solution for the present state of affairs, but it seems evident that the situation is one that calls for urgent remedy.

THE WARNING SYSTEM

It will be recalled that during the summer of 1956 the Warning System was revised in order to improve its efficiency. The following winter (1956-7) was abnormally quiet and it was never necessary to use the system. The past winter was, therefore, the first test of the effectiveness of the new system. It appears to have worked smoothly and the co-operation of the hospitals ensured that all patients for whom admission was essential were admitted without an undue use of the Medical Referee Procedure.

Warnings were in force as follows:—

Oct. 12th-20th	Red Warning.
Oct. 21st-25th	Yellow Warning.
Dec. 5th-Jan. 1st	Yellow Warning.
Jan. 2nd-12th	Red Warning.
Jan. 13th-23rd	Yellow Warning.
Jan. 30th-Feb. 4th	Yellow Warning.

VISITS

On 14th February the Service was honoured by a visit from Her Royal Highness Princess Alexandra of Kent. Her Royal Highness was keenly interested in what she saw and spent some 2½ hours at Fielden House.

On 6th January the Minister of Health, The Rt. Hon. Derek Walker Smith, Q.C., M.P., visited the Service and saw it at work during a busy period.

CONCLUSION

In conclusion, the Service wishes to express its thanks to the hospitals of London for their help and co-operation, and to the general practitioners for their patience and kindness, particularly when the Service is dealing with some of the more difficult cases.

APPENDIX 1

GENERAL ACUTE CASES

				Applications	Admissions	Cases not admitted				
						Failures to admit		Cases withdrawn by applicants		
						G.P. Cases	Hospital Transfer			
1957										
6	April	...	...	4288 (4312)	4080 (4049)	90 (136)	31 (35)	87 (92)
	May	...	...	4348 (4259)	4070 (4016)	126 (131)	53 (38)	99 (74)
	June	...	...	3556 (3821)	3416 (3644)	68 (72)	16 (25)	56 (80)
	July	...	...	3669 (3491)	3537 (3357)	43 (32)	13 (27)	76 (75)
	August	...	...	3466 (3374)	3334 (3262)	42 (37)	22 (11)	68 (64)
	September	...	...	4094 (3695)	3948 (3544)	51 (60)	29 (36)	66 (55)
	October	...	...	6408 (4340)	6025 (4128)	249 (96)	30 (45)	104 (71)
	November	...	...	4831 (4719)	4526 (4458)	186 (141)	34 (39)	85 (81)
December	...	...	7382 (4979)	6566 (4771)	623 (100)	12 (16)	181 (92)	
1958										
January	...	...	6884 (5597)	6201 (5238)	504 (207)	22 (45)	157 (107)	
February	...	...	5156 (4870)	4793 (4539)	226 (165)	46 (59)	91 (107)	
March	...	...	5057 (5515)	4798 (5137)	124 (130)	35 (47)	100 (201)	
TOTAL ...				59,139 (52,972)	55,294 (50,143)	2332 (1307)	343 (423)	1170 (1099)		

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

APPENDIX 2

INFECTIOUS CASES

			Total Applications	Total Admissions
1957				
April	...	...	642 (568)	633 (561)
May	...	...	557 (732)	551 (722)
June	...	...	588 (663)	574 (658)
July	...	...	645 (668)	633 (665)
August	...	...	518 (530)	513 (527)
September	...	...	604 (550)	596 (540)
October	...	...	523 (548)	503 (546)
November	...	...	329 (602)	327 (595)
December	...	...	441 (633)	436 (629)
1958				
January	...	...	500 (683)	497 (676)
February	...	...	509 (833)	503 (806)
March	...	...	400 (781)	396 (763)
TOTAL	...	...	6256 (7791)	6162 (7688)

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

CHRONIC SICK

96 patients were placed on the chronic sick waiting list.

APPENDIX 3

GENERAL PRACTITIONERS' ACUTE CASES ANALYSIS BY AGE GROUPS

October 27th, 1957 — February 15th, 1958

Age Groups	Cases Offered	Percentage Admitted	Increase or Decrease compared with corresponding period in 1956-1957
Birth—20	3589 (3522)	99.8 (100.0)	- 0.2
21—30	2150 (2041)	99.5 (99.4)	+ 0.1
31—40	1497 (1543)	98.3 (98.9)	- 0.6
41—50	1889 (1635)	97.2 (98.7)	- 1.5
51—60	3352 (2376)	94.6 (98.1)	- 3.5
61—70	4444 (3068)	91.5 (95.6)	- 4.1
71—80	4296 (3138)	88.5 (93.9)	- 5.4
Over 80	1716 (1219)	83.5 (90.8)	- 7.3
Total Offered :	22,933 (18,542)		

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

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