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KING EDWARD'S HOSPITAL FUND FOR LONDON

Emergency Bed Service Committee

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D B CARO MB ChB FRCS

C H LANGLEY FHA

D C MORRELL MRCP MRCS MRCGP

J S NORELL MB BS MRCS LRCP

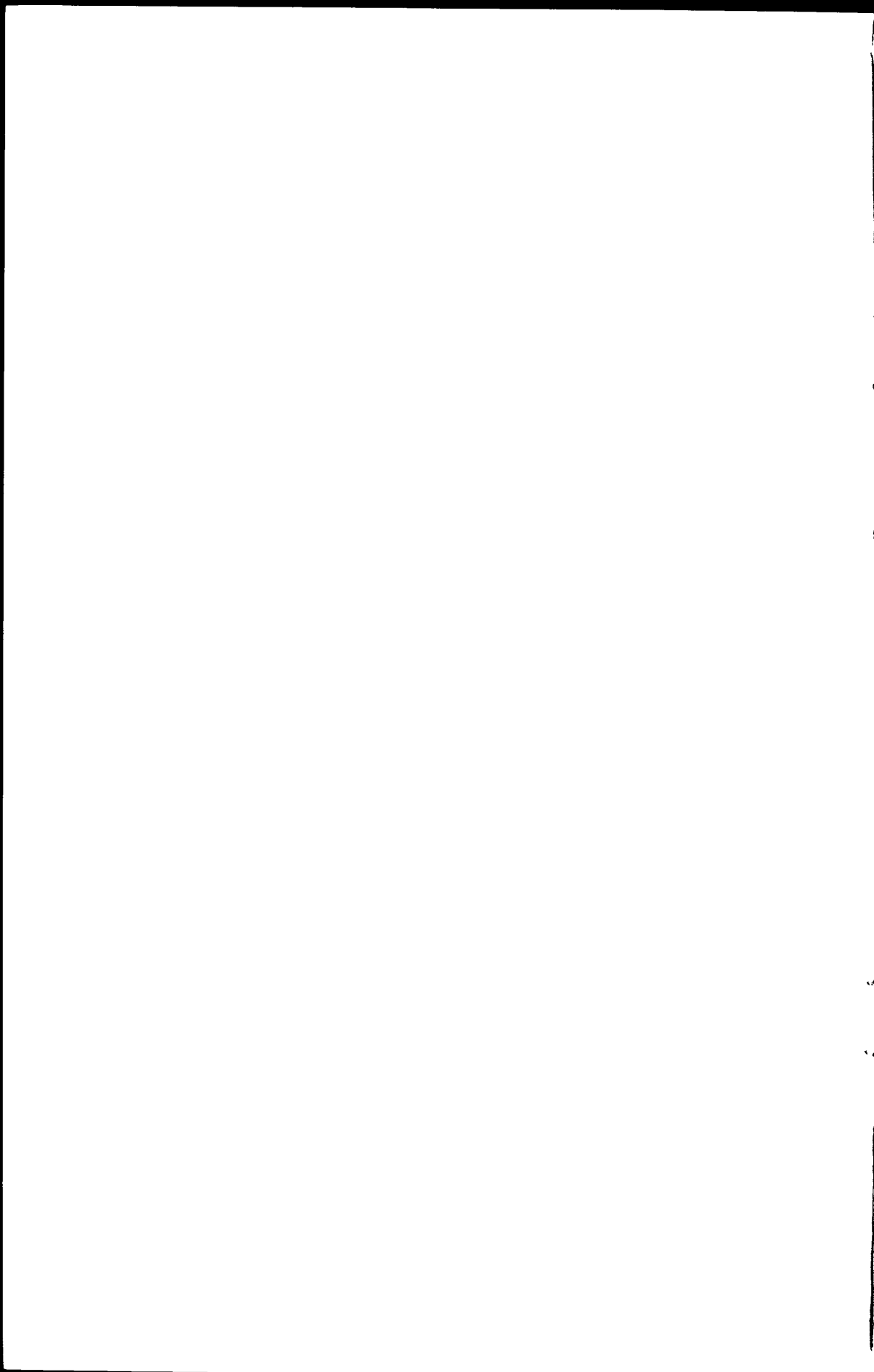
K R D PORTER MBE FRCP MRCS LDSRCS DPH

R H SANDFORD SMITH

Secretary:

K S MORFEY

Fielden House
28/42 London Bridge Street
SE1 9SG
01-407 7181



EMERGENCY BED SERVICE

35th ANNUAL REPORT

Report for the year ended 31 March 1973

CHAIRMAN

Members of the Emergency Bed Service Committee are appointed for a term of five years and Sir Francis Avery Jones, chairman since January 1968, retired on 31 December 1972. The service will remember with gratitude the assistance which it has always received from Sir Francis. He took office at the height of an influenza epidemic, and later became chairman of the working party which carried out a thorough investigation of the operation of the warning system and the possible wastage of bed occupancy. The King's Fund subsequently published the report, *Red Warning*. Notwithstanding many calls upon his time he kept in close touch with the running of the service and was always willing to meet representatives of television and press whenever circumstances warranted his presence.

The total number of applications for the year ended 31 March 1973 amounted to 48 153 compared with 49 894 in the previous year.

After an unexceptional summer and autumn when applications followed the pattern of previous years, the hospitals in London were confronted in November with a steady increase of patients requiring admission as a result of complications following influenza-A virus. As always, the age group 45-80+ suffered most with 2 208 admissions out of a total of 2 814 respiratory cases during the months of November and December 1972. One noticeable feature of the influenza outbreak was the large number of medical and nursing staff who fell ill, thus causing many hospitals to restrict admissions.

In London an increasing number of general practitioners use a relief deputising service to care for their patients during night hours and at weekends. Indeed, as a result of a survey taken between 4-10 December 1972, it was found that 80 per cent of calls to EBS on Saturday night and

52 per cent of the calls from 8 am to 8 pm on Sunday were from relief service doctors. The medical directors of these organisations comply with the requirements of the EBS, particularly the necessity for the doctor to remain in contact following the referral of a patient. There are however, many occasions when a relief doctor goes off duty without ascertaining the placing of his patient, and this can lead to difficulty with the admitting hospital. Further approaches are being made to the relieving services to ensure that these difficulties are avoided.

In the course of 35 years the EBS has arranged the admission to hospital of nearly 1½ million patients requiring emergency treatment. In the highly mechanised age in which we live there is a continuing need to make the maximum use of facilities at our disposal. No-one would deny that time spent by a physician seeking his patient's admission to hospital, is acceptable only if it takes a few minutes. Unfortunately, this was not so thirty-five years ago and the situation is unchanged in London today. The experience of EBS operators is that it takes on average 20 minutes to arrange an admission and it usually requires several telephone calls to hospitals before completion of the case. It takes four minutes for a GP to telephone EBS and pass the necessary information before attending to the needs of his other patients. It must therefore be assumed that his professional knowledge and skill are put to better use, when the lay staff of EBS relieve him of a time-consuming operation. The value of an organisation which provides a 24-hour seven-day week service to doctors and hospitals cannot be underestimated, for it is inevitable that, with such a vast undertaking as the National Health Service, problems sometimes arise which do not admit of a speedy and satisfactory conclusion.

This is no reflection upon the administrators but rather that the chain of authority is lengthy. Where life or health is at stake improvisation is frequently essential and it is a fact that with the goodwill of lay and medical staff the EBS are often able to help in overcoming difficulties. It is common practice for GPs to telephone the operations room staff for information which is readily available from the records kept at the EBS. In the recent bomb outrage in London the major accident procedure assisted hospital administrators by supplying vital information on the availability of emergency beds. The recent industrial dispute involving ancillary workers has had a marked effect upon requests for emergency admission and it is clear that GPs kept many patients at home rather than subject the hospitals to pressure.

STAFF

All EBS staff receive comprehensive training in medical terminology and a knowledge of the specialties carried out by the hospitals of London. A high standard of efficiency is always maintained and in the face of rail strikes and dislocation of transport services involving uncertainty of travel conditions, all are to be commended upon their enthusiasm and devotion to the needs of the EBS.



APPENDIX I

GENERAL ACUTE CASES

9

	Applications			Admissions			Cases not admitted		
	1972/73	1971/72	1970/71	1972/73	1971/72	1970/71	Cases re-ferred back to GP	Hospital transfers	Cases with-drawn*
							1972/73	1972/73	1972/73
1972									
April	3 911	4 016	4 686	3 855	3 952	4 593	4 (4)	4 (4)	48 (56)
May	3 890	3 741	3 926	3 834	3 694	3 856	2 (5)	5 (5)	49 (37)
June	3 674	3 498	3 656	3 610	3 450	3 595	8 (14)	1 (4)	55 (30)
July	3 614	3 480	3 842	3 563	3 426	3 782	6 (7)	4 (4)	41 (43)
August	3 485	3 355	3 470	3 436	3 313	3 419	11 (—)	1 (5)	37 (37)
September	3 519	3 343	3 746	3 481	3 303	3 692	3 (4)	2 (5)	33 (31)
October	3 963	3 686	4 035	3 913	3 639	3 938	3 (8)	4 (6)	43 (33)
November	4 461	3 792	3 840	4 391	3 756	3 762	11 (5)	5 (6)	54 (25)
December	5 109	4 606	4 465	5 027	4 551	4 401	8 (10)	7 (2)	67 (43)
1973									
January	4 757	5 213	5 079	4 655	5 109	4 966	16 (31)	12 (1)	74 (72)
February	3 979	4 569	3 826	3 916	4 494	3 738	6 (15)	8 (—)	49 (60)
March	3 791	4 308	4 442	3 734	4 246	4 352	8 (12)	7 (11)	42 (39)
	48 153**	47 607 (2 287)F	49 013 (3 137)F	47 415**	46 933 (2 263)F	48 094 (3 079)F	86 (115)	60 (53)	592 (506)

* Including deaths and patients refusing admission.

** As from 1 April 1972, fever cases have been included in monthly totals.

F Fever cases.

Figures for the corresponding months of the previous year are shown in brackets in the last three columns.

APPENDIX II

GENERAL ACUTE CASES

APPLICATIONS

Metropolitan Regional Hospital Boards

	North-East	North-West	South-East	South-West
1972				
April	1 227 (1 276)	1 348 (1 313)	692 (702)	644 (725)
May	1 243 (1 149)	1 367 (1 251)	628 (694)	652 (647)
June	1 177 (1 103)	1 223 (1 213)	658 (615)	616 (567)
July	1 067 (1 107)	1 296 (1 227)	623 (574)	628 (572)
August	1 113 (1 054)	1 175 (1 159)	633 (584)	564 (558)
September	1 085 (1 027)	1 233 (1 184)	612 (578)	589 (554)
October	1 344 (1 195)	1 323 (1 221)	691 (673)	605 (597)
November	1 457 (1 229)	1 448 (1 295)	787 (629)	769 (639)
December	1 697 (1 458)	1 591 (1 610)	979 (770)	842 (768)
1973				
January	1 574 (1 700)	1 510 (1 803)	884 (906)	789 (804)
February	1 287 (1 399)	1 340 (1 522)	757 (875)	595 (773)
March	1 245 (1 341)	1 237 (1 475)	713 (763)	596 (729)
	15 516 (15 038)	16 091 (16 273)	8 657 (8 363)	7 889 (7 933)

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

As from 1 April 1972, fever cases have been included in monthly totals.

APPENDIX III

MEDICALLY REFEREED CASES

1972				
April	..	..	314	(391)
May	..	..	310	(305)
June	..	..	294	(257)
July	..	..	299	(240)
August	..	..	205	(202)
September	..	..	234	(201)
October	..	..	281	(282)
November	..	..	480	(333)
December	..	..	600	(363)
1973				
January	..	..	758	(911)
February	..	..	450	(683)
March	..	..	237	(509)
			4 462	(4 677)

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

King's Fund



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