

**KING EDWARD'S HOSPITAL FUND
FOR LONDON**

**EMERGENCY
BED SERVICE**

**REPORT FOR THE YEAR
ENDED 31st MARCH**

1970

**THE KING'S FUND
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KING EDWARD'S HOSPITAL FUND
FOR LONDON

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EMERGENCY BED SERVICE

32nd ANNUAL REPORT

Report for the year ended 31st March, 1970

This year's Report tells a story of another influenza outbreak in London which greatly increased the pressure of calls on hospitals and necessitated the use of the coloured warning system. It is on such occasions that the King's Fund Emergency Bed Service makes its very special contribution to the effective organisation of our hospital services, in addition to the help given day in day out to so many busy doctors who have to get seriously ill patients into hospital.

A study of the influenza epidemic in 1967/68, published in the report, 'Red Warning¹,' made many practical suggestions to facilitate the arrangements needed for dealing with such epidemics. There has been clear evidence that many hospitals have reorganised their emergency arrangements. Throughout the year, however, patients are still having to be medically referred to their nearest hospital when admission has been refused by six, or even twelve, hospitals. More could be done to streamline the arrangements for admissions to hospitals and further studies of the whole problem of admission organisation may help in this direction. In the meantime the E.B.S. can additionally continue to act as an invaluable clearing house of information. When, for example, special departments or theatres have to be shut down, it is such a help if the operations room of the E.B.S. is notified so that the facts can be recorded at once on the big notice board in front of the girls at work.

This gives me a very welcome opportunity to express appreciation to all our Staff who have coped so well, not only with the day to day work, but with the influenza outbreak which resulted in the staff this year working at top pressure right through the whole of the Christmas holidays.

F. Avery Jones,
Chairman.

1. Red Warning, King Edward's Hospital Fund for London, 1968.

GENERAL REVIEW OF THE YEAR

There has been a slight increase in the total number of applications to the Service for the year ending 31st March, 1970, with 56,152, compared with 54,511 in the previous twelve months. The general pattern remained the same until December, when London was involved in a major outbreak of influenza. This came earlier than in some previous years, probably because the early part of December had been unusually cold and weather conditions had given rise to an increase in air pollution by sulphur dioxide (SO₂) over London from a norm of 0.2 million to 0.54 on the 10th.

With the scene suitable set, the influenza virus (Hong Kong A2 64) rapidly gained ground and the pressure on hospitals built up quickly. The 'Yellow Warning' was issued on 11th December but, with the Christmas Holidays approaching, hospitals were not under such heavy pressure from elective surgery as at other times of the year. Nevertheless, some hospitals rapidly came under quite exceptional pressure, partly because the influenza was affecting London in a very patchy fashion, and partly because of the number of nurses who were stricken, a particular feature of this year's outbreak. In some hospitals as many as 40 per cent of the nursing staff were down at one time with influenza.

The influenza was of a relatively virulent form, striking the sufferer suddenly, rapidly prostrating him, and, with the fever subsiding, leaving him in an extremely weak state for another week or ten days. The virulence hit particularly the older people and those with substantial respiratory disability, and the mortality of 3,000 in the Christmas week was the highest number of influenza deaths since 1950/51. A significant number of younger people, too, were being admitted to hospital desperately ill with respiratory complications.

Over the Christmas holidays, the pressure on hospitals was maintained with the medical wards overflowing and surgical wards remaining unusually busy, and it was thought essential to impose the 'Red Warning' on the 27th December to prevent the normal post-Christmas influx of waiting list patients. Throughout this time, the E.B.S. worked at maximum pressure. Arrangements had been made earlier in the year to call in previous members of the Staff if an emergency should arise, and their help was very much welcomed and appreciated. The coloured warning extended until 14th January, and during this period the Service dealt with 9,113 requests for admission, of which 4,364 were classified as respiratory infection, and 1,189 as heart disease. The influenza outbreak was very much in the news, and the E.B.S. received much publicity in the press and on radio and television, not only in this country, but in the United States and Canada, who were wishing to learn the lessons of London, lest an outbreak or epidemic affected them too. The Chairman assisted by his appearances on the television screen, when he gave valuable advice to those suffering from influenza. With occasional exceptions, the reporting was well balanced and accurate and the public were given a reassuring picture of the capability of the hospital service to deal with a considerable medical crisis. As on former occasions, the graph, built up by totalling the previous seven days' requests, gave a very clear picture of the progress of the outbreak, and was closely followed by senior officers at the Depart-

ment of Health and widely reproduced in the press. As in previous years, Sir George Godber, Chief Medical Officer, Department of Health and Social Security, personally kept in daily touch with the E.B.S. and helped in the guidance of the operation of the coloured warning. In his subsequent letter of appreciation, received with great pleasure by the Staff, he wrote, "I think the Warning System has worked better on this occasion than in any previous winter and indeed it needed to. In short there would have been chaos in London without the Emergency Bed Service and I am sure that the family doctors and the hospitals feel this just as strongly as we do. I should be most grateful if you would convey our thanks to all concerned at Fielden House."

EXTENSION OF SERVICE

At the request of the Essex Bed Service for reasons of economy, the E.B.S. has extended its responsibilities at night and at week-ends to cover the areas of Chelmsford, Southend, Colchester, Basildon and environs.

MATERNITY ADMISSIONS

It is interesting to note the fall in the request for maternity emergency admissions since 'catchment areas' and early discharge system related to hospitals with a maternity department, were set up in 1964.

	Admissions
1st April, 1963 – 31st March, 1964	3,791
” ” 1964 – ” ” 1965	2,204
” ” 1965 – ” ” 1966	906
” ” 1966 – ” ” 1967	641
” ” 1967 – ” ” 1968	520
” ” 1968 – ” ” 1969	530
” ” 1969 – ” ” 1970	317

A CONTINUING PROBLEM

The numerous refusals by hospitals to re-admit former patients recently discharged deserves close attention by all concerned. In the course of four and a half months (mid-July to the end of November) the E.B.S. was refused re-admission of patients recently discharged and suffering from the same or allied complaints to their original hospital admission, on no fewer than 187 occasions. In some of these cases the application was refused on the grounds that the patients were "not in our area." In others it was discovered that the medical officer had not been informed of the circumstances surrounding the request, and the consultant in charge was often concerned to hear of the refusal. This is a question which each medical committee should review, in relation to its present admissions policy.

VISITORS

We recall with special pleasure the visit during the influenza outbreak by Baroness Serota, Minister of State for Health, and Dr. John Dunwoody, Parliamentary Under Secretary of State for Health.

The South London Faculty of the Royal College of General Practitioners, under the Chairmanship of Dr. Elizabeth Graham Kerr, held a meeting at Fielden House on 11th February and over fifty general practitioners saw the E.B.S. at work and listened to short talks by an E.B.S. Senior Watchkeeper and by Dr. A. L. de Silva, Regional Medical Admissions Officer, Dr. D. B. Caro of St. James's Hospital, and Dr. Geoffrey Hirst, general practitioner, all discussing the subject of emergency admissions.

A Reception held in the operations room, Fielden House, on 18th November, was attended by nearly two hundred general practitioners, hospital and Regional Board Administrative Officers, and by members of the King's Fund Committees. These occasions have proved invaluable in maintaining close working relationships with the two hundred hospitals in the metropolitan region.

During the year, large numbers of nurses and doctors both from home and overseas, have visited us.

LOOKING INTO THE FUTURE

Much experimentation and local initiative has taken place in hospitals in the London area, and there are wide differences in organisation of admissions. A working party has been planned to study these differing methods and to try and assess their value. The E.B.S. particularly welcomes any initiative by hospitals and is always anxious to hear of the progress of such experiments. A recent interesting one in the Thames Group, known locally as 'Donald Duck,' is a device for monitoring the bed state in each of the constituent hospitals of the Group, together with special local circumstances of availability of staff. This information is recorded in a central recording machine and is used by the hospital staff on duty to declare to E.B.S. which of the hospitals in the Group should be called on to accept refereed patients.

Another example of better communications is the plan to replace the present direct telephone link between the E.B.S. and the London Ambulance Service by electro-writers. The instructions written by the operator will be transmitted to the receiver, thus eliminating the chance of human error.

Many doctors working for Relief Services still find considerable inconvenience from public telephone boxes being either out of order or in use, or finding it difficult if not impossible, to park their car near to a box. A two-way VHF radio is one possible solution to this problem and this is being explored.

Following the advent of the second Green paper, many alterations in the structure of the National Health Service are likely to be made in the next few years. The Secretary of State has set out four objectives in

reorganisation, reunification, coordination, local participation and effective central control. It would seem likely that with the grouping of the hospitals and general practitioners under local area health authorities, areas of ultimate responsibility for admissions may be determined. Nevertheless, it seems that the E.B.S. will continue to provide service to a great many general practitioners in London and to act as a barometer of hospital admissions activity and help to even out the load of work in times of crisis. The flexibility of the Service and its experience in meeting new situations ensures its role as an essential part of the health services in London.

Publication

E.B.S.—Sir Francis Avery Jones, K. S. Morfey, *Guy's Hospital Gazette*,
14th March, 1970.

APPENDIX I

GENERAL ACUTE CASES

	Applications			Admissions			Cases not admitted					
	1969/70	1968/69	1967/68	1969/70	1968/69	1967/68	G.P. Cases		Hospital Transfers		Cases Withdrawn	
1969												
April	4,220	3,309	4,005	4,151	3,831	3,940	3	(14)	2	(8)	64	(56)
May	4,018	3,926	4,279	3,938	3,854	4,199	19	(12)	7	(8)	54	(52)
June	3,731	3,583	3,861	3,665	3,519	3,789	14	(8)	3	(5)	57	(51)
8 July	3,637	3,601	3,674	3,585	3,549	3,612	9	(10)	3	(4)	40	(38)
August	3,377	3,660	3,542	3,318	3,589	3,492	6	(12)	5	(3)	48	(56)
September	3,642	3,497	3,637	3,594	3,446	3,592	5	(8)	2	(2)	41	(41)
October	4,103	4,116	4,015	4,010	4,037	3,948	24	(13)	5	(10)	64	(56)
November	4,282	4,389	4,515	4,195	4,321	4,425	21	(15)	10	(12)	51	(41)
December	7,448	4,870	6,072	7,300	4,811	5,921	42	(12)	16	(1)	90	(46)
1970												
January	5,905	5,415	6,273	5,787	5,307	6,108	43	(31)	4	(5)	71	(72)
February	4,203	4,807	4,511	4,085	4,712	4,405	37	(24)	12	(10)	69	(61)
March	4,833	5,652	4,804	4,721	5,503	4,696	28	(4 ²)	19	(19)	65	(87)
	53,399	51,425	53,188	52,349	50,479	52,127	251	(202)	88	(87)	714	(657)

Figures for the corresponding year are shown in brackets.

APPENDIX II

GENERAL ACUTE CASES

APPLICATIONS

Metropolitan Regional Hospital Board

	North-East	North-West	South-East	South-West
1969				
April	1,263 (1,213)	1,507 (1,198)	741 (783)	709 (715)
May	1,232 (1,170)	1,355 (1,327)	736 (734)	695 (695)
June	1,081 (1,046)	1,248 (1,278)	698 (587)	704 (672)
July	1,070 (1,061)	1,277 (1,215)	653 (645)	637 (680)
August	1,047 (1,151)	1,085 (1,238)	591 (674)	654 (597)
September	1,113 (1,035)	1,224 (1,126)	660 (671)	645 (665)
October	1,236 (1,199)	1,356 (1,464)	756 (740)	755 (714)
November	1,286 (1,269)	1,436 (1,508)	840 (810)	720 (802)
December	2,177 (1,345)	2,560 (1,616)	1,472 (979)	1,239 (930)
1970				
January	1,713 (1,497)	1,981 (1,783)	1,188 (1,078)	1,023 (1,057)
February	1,315 (1,369)	1,364 (1,671)	769 (886)	755 (881)
March	1,525 (1,679)	1,582 (1,905)	893 (1,056)	833 (1,012)
	16,058 (15,034)	17,975 (17,329)	9,997 (9,643)	9,369 (9,420)

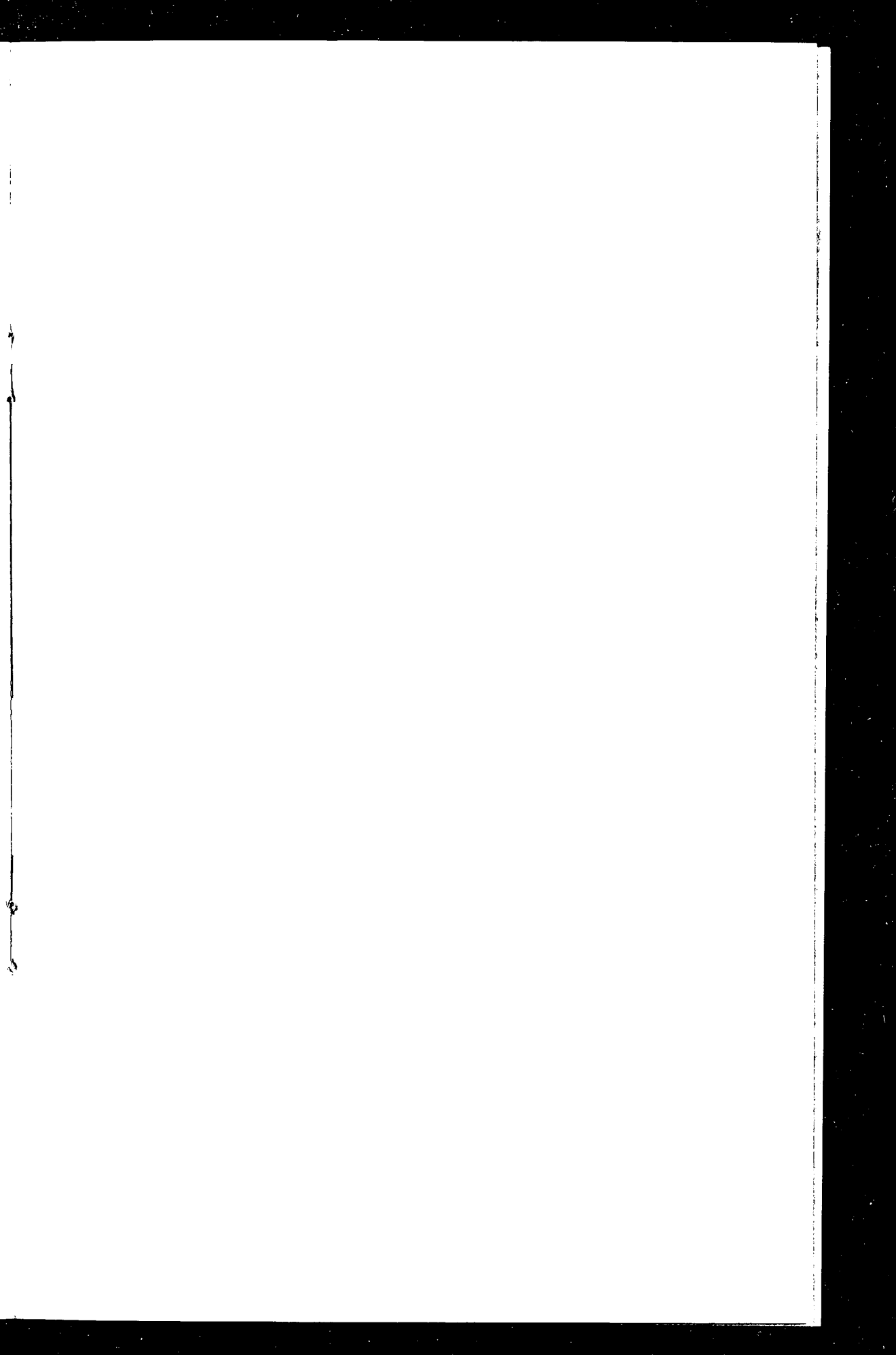
Figures for the corresponding year are shown in brackets,

APPENDIX III

MEDICALLY REFEREED CASES

1969				
April	642	(417)
May	429	(418)
June	328	(320)
July	306	(277)
August	187	(269)
September	247	(187)
October	397	(434)
November	414	(497)
December	1,265	(463)
1970				
January	1,049	(783)
February	687	(789)
March	813	(1,163)
			6,764	(6,017)

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



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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the UK Government has set out a strategy for the 21st century in the White Paper on *Ageing Better: Our Future* (Department of Health 2000). This strategy is based on the principle that older people should be able to live independently, and to be able to contribute to society. The White Paper sets out a number of key objectives, including:

- To ensure that older people are able to live independently, and to be able to contribute to society.
- To ensure that older people are able to access the services and support that they need.
- To ensure that older people are able to live in their own homes, and to be able to live in the communities in which they were born.

The White Paper also sets out a number of key actions that the Government will take to achieve these objectives, including:

- Improving the quality of care for older people in care homes.
- Improving the quality of care for older people in residential care.
- Improving the quality of care for older people in the community.

The White Paper also sets out a number of key actions that the Government will take to improve the quality of care for older people in care homes, residential care, and in the community.

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