

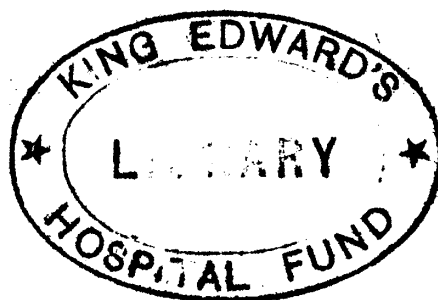
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EMERGENCY BED SERVICE

(KING EDWARD'S HOSPITAL FUND FOR LONDON)

REPORT FOR THE YEAR
ENDED 31st MARCH

1959



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EMERGENCY BED SERVICE

21st ANNUAL REPORT

Report for the year ended 31st March, 1959

INTRODUCTION

This year the Emergency Bed Service "comes of age." It was opened on 21st June 1938, and it is of interest to look back at the early days.

The first enquiry received was for the admission to hospital of a girl suffering from alopecia. This was refused by the Service on the grounds that it was not an acute emergency, and it was suggested to the doctor that he should arrange an out-patients appointment for the girl—a situation which will strike a familiar note with the present generation of E.B.S. operators.

The next call, received some two hours later, resulted in the admission of a patient suffering from diabetes to St. George's Hospital which thus had the distinction of taking the first E.B.S. case. A two hour interval between calls contrasts strangely with the present day when the receipt of cases from six doctors simultaneously excites no surprise.

The office closed at 10 o'clock that first evening having received seven genuine applications!

During its first year the Service handled a total of 8,309 cases. That this number is some 500 fewer than those received in the month of February, 1959 does not detract from the fact that in its first year the

Service gained the confidence of a large number of general practitioners and that their confidence remains to this day.

The first Annual Report of the Service also shows differences from the present day which are not purely statistical. In 1938 it was possible to exercise a greater control over the interpretation of the word "emergency" than can be done today, and cases were refused as being "unsuitable" which to-day would have to be handled. Whereas in the first year of the existence of the Service it was necessary to try an average of $1\frac{1}{2}$ hospitals to get a patient admitted, the figure is now about three, and there may well be a direct connection between these two aspects of the work. A doubling of the telephone bill, without taking into consideration increases in the charges, is only part of the price to be paid for a more elastic interpretation of the word "emergency." In addition, more staff have to be employed in order that the extra time taken in telephoning hospitals is not reflected in an unacceptable delay in arranging admission.

The Service has had many vicissitudes during its short life. In September 1939, it was officially responsible for starting the Casualty Bureaux at all the London Sector offices and the Service itself was closed in order that its staff might be used as the basis on which to build each of these offices. Three months later the Service was re-opened as air raids had failed to take place, and the civilian sick once more needed the help of the Service.

Ever since it was restarted in 1939, the staff has carried on regardless of difficulties whether they arise in the form of German bombs or influenza germs, and it is appropriate here to pay tribute to the consistent patience and diligence of the staff, on which the value and reputation of the Service has always rested.

GENERAL REVIEW OF THE YEAR

During the year the Service received 63,807 applications for admission to hospital (See appendix 1 and 2); this is 1,684 fewer than in the previous year. The small variation in the total however conceals a very different pattern of work. In the year 1957-58 the epidemic of

Asian Influenza in October was followed by a quiet November, but there was great demand for beds in December and early January, after which requests fell rapidly to normal level. This year no difficulty was experienced until mid-January, after which pressure on the Service increased steadily, and an epidemic of influenza, coupled with several spells of fog and cold weather, caused a crisis in February when 8,165 general acute cases were handled as well as 645 fever cases.

By 19th February the volume of work, and the high incidence of sickness among the nursing staff of hospitals had produced a critical situation, and the four Senior Administrative Medical Officers and the Ministry were warned that it appeared likely that if pressure continued to rise, the Service would be unable to find beds for all those who required them despite the use of the referee procedure. At the same time general practitioners who telephoned the Service with what seemed less seriously ill patients were informed of the situation, and asked if they could possibly be treated at home. Fortunately the turning point was only four days ahead. Weekly applications reached a peak in the seven days ending 23rd February when 2,419 requests were received—about 100 fewer than in the worst period of the great fog in December 1952. The latter incident was, of course, of very short duration.

In a month of normal length the figure for general acute cases would have easily exceeded anything hitherto experienced.

At the end of February the situation eased very suddenly, and the fall in requests for beds was so precipitous that by the 11th March they were no more than normal for the time of year.

As in previous crises, the heavy demand was almost entirely confined to respiratory and, to a lesser extent, cardiac cases. Some 45% of these patients were aged 65 or more, and this again is the normal pattern. A notable feature of the epidemic was the number of patients who were stated by their general practitioner not to be responding to antibiotics. It is not possible for the Service to give a percentage figure for these "non-responses" since in many cases no treatment had been given, either because the patients were so ill that immediate

admission was their only chance of survival, or because the social conditions made home treatment impossible. There were also cases where the doctor did not state whether antibiotics had been given or not. The general impression remains, however, that the proportion of patients who do not respond to such treatment is increasing.

The proportion of general practitioners' cases admitted over a sixteen week period in the winter is shown in appendix 3. It is satisfactory to note that the proportion rose in nearly all age groups despite the fact that applications were considerably higher than in the previous year.

MEDICAL REFEREE PROCEDURE

As is well known, patients admitted through the medical referee 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 admission immediately. Such cases are passed to the Medical Referee of the appropriate group for admission. The numbers of patients admitted by this means during the first three months of the last eight years are given 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
1959	20,125	18,746	2,189	11.6

Ideally, a system which relies on force to obtain admission for an acutely sick patient should not be necessary, and the extent of its use is to some degree a measure of failure on the part of the Service, the hospital and the general practitioner to co-operate as fully as they should.

The increasing use of this method of admission up to 1956 caused the Service much concern.* In the last three years the situation has at least not got worse, and if the number of applications is taken into account may be said to show some improvement, particularly in the year under review. Nevertheless, the figure is still high, and it should be possible to achieve a target of not more than 10% of cases admitted by this means in a normal winter, and considerably less in non-epidemic years.

THE WARNING SYSTEM

Warnings were in force as follows:—

19th Jan.—2nd Feb.	Yellow Warning.
3rd Feb.—2nd March	Red Warning.
3rd March—10th March	Yellow Warning.

The system received a severe test in the crisis month of February, and the fact that during much of this month the Service was finding beds for over 2,000 cases a week is proof of its value. By contrast, when the system was evolved in 1951, the Service considered that the hospitals had reached saturation point at 1,100 cases per week, and that any demand in excess of this figure would fail.

The response of the hospitals to the heavy demands made upon them at this time was magnificent, and the Service wishes to express its thanks for the great help and co-operation it received in this difficult period.

MATERNITY CASES

In the last Annual Report of the Service, concern was expressed at the large number of instances where the Service was asked to arrange last minute admission for normal maternity cases, whose home conditions made a hospital confinement necessary. The majority of these patients had been attending ante-natal clinics which had found it impossible to book a bed in advance. The clinic had consequently told

*Abercrombie, G. F. *Lancet*, 17th November, 1956.

the patient to call in the general practitioner or a midwife when labour started, and ask him to arrange admission through the Service. As was then pointed out, this is a most unsatisfactory procedure and results in a last minute rush to obtain a bed for a patient who should never have been allowed to become an emergency. It is most unfair to the patient, who suffers unnecessary anxiety and inconvenience, and there have been numerous cases where the baby has been born in the ambulance or at home before it has been possible to find a bed in hospital.

During the year under review, the situation in this respect has still further deteriorated, and the total number of maternity cases handled by the Service has risen from 1,699 in the year 1957-58 to 2,591 in the year ended 31st March, 1959. In last year's report it was stated that the situation was "one that calls for urgent remedy." Today the need for action is even more imperative.

It is emphasised that the Service is not concerned about the genuine emergencies—cases where unexpected complications arise during labour, or where the patient has been too ignorant or feckless to seek antenatal care or to book a bed. Such cases are the proper business of the E.B.S. if asked by the general practitioner or midwife to handle them. It is estimated that such cases constitute only slightly over one third of the maternity cases handled by the Service.

CONCLUSION

In conclusion, the Service wishes again to express its thanks to the many people who have helped to overcome the difficulties inseparable from a winter such as that of 1958-59. In particular it is grateful to the hospitals of London, without whose co-operation the Service could not function, to the general practitioners for their patience and kindness, to the officers of the Ministry of Health and the four Metropolitan Regional Hospital Boards for their interest in the work and for their help and advice, and finally to the two Regional Medical Admissions Officers on whom falls the responsible duty of adjudicating in those cases which the Service has failed to admit by normal application.

APPENDIX 1

GENERAL ACUTE CASES

			Applications	Admissions	Cases not admitted				
					Failures to Admit				Cases withdrawn by applicants
					G.P. Cases		Hospital Transfer		
1958									
April ...	...	...	4592 (4288)	4318 (4080)	150 (90)	40 (31)	84 (87)
May ...	...	...	4099 (4348)	3922 (4070)	80 (126)	21 (53)	76 (99)
June ...	...	...	3796 (3556)	3655 (3416)	57 (68)	20 (16)	64 (56)
⁶ July ...	...	...	3575 (3669)	3490 (3537)	27 (43)	14 (13)	44 (76)
August ...	...	...	3529 (3466)	3442 (3334)	23 (42)	13 (22)	51 (68)
September ...	...	...	3604 (4094)	3498 (3948)	28 (51)	18 (29)	60 (66)
October ...	...	...	4253 (6408)	4113 (6025)	37 (249)	29 (30)	74 (104)
November ...	...	...	4720 (4831)	4520 (4526)	82 (186)	30 (34)	88 (85)
December ...	...	...	5354 (7382)	5105 (6566)	113 (623)	19 (12)	117 (181)
1959									
January ...	...	...	6464 (6884)	5951 (6201)	320 (504)	43 (22)	150 (157)
February ...	...	...	8165 (5156)	7543 (4793)	448 (226)	3 (46)	171 (91)
March ...	...	...	5496 (5057)	5252 (4798)	127 (124)	17 (35)	100 (100)
TOTAL ...	...	...	57,647 (59,139)	54,809 (55,294)	1,492 (2,332)	267 (343)	1,079 (1,170)

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

APPENDIX 2

INFECTIOUS CASES

			Total Applications	Total Admissions
1958				
April ... ..	...	...	445 (642)	443 (633)
May ... ..	...	...	504 (557)	502 (551)
June ... ..	...	...	486 (588)	484 (574)
July ... ..	...	...	533 (645)	529 (633)
August ... ..	...	...	492 (518)	490 (513)
September ... ..	...	...	424 (604)	419 (596)
October ... ..	...	...	436 (523)	435 (503)
November ... ..	...	...	446 (329)	437 (327)
December ... ..	...	...	499 (441)	498 (436)
1959				
January ... ..	...	...	593 (500)	585 (497)
February ... ..	...	...	645 (509)	621 (503)
March ... ..	...	...	637 (400)	608 (396)
TOTAL ... ..	...	...	6140 (6256)	6051 (6162)

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

CHRONIC SICK

20 patients were placed on the chronic sick waiting list.

APPENDIX 3

GENERAL PRACTITIONER'S ACUTE CASES ANALYSIS AGE GROUPS

November 23rd, 1958—March 14th, 1959

Age Groups	Cases Offered	Percentage Admitted	Increase or Decrease compared with corresponding period in 1957-1958
Birth—20	4159 (3785)	99.9	—
21—30	2454 (2147)	99.3	—
31—40	1559 (1517)	99.5	-1.4
41—50	1900 (1812)	98.0	+0.8
51—60	3306 (3282)	96.0	+1.1
61—70	4549 (4386)	94.7	+3.0
71—80	4359 (4298)	92.5	+2.9
Over 80	1753 (1759)	89.3	+5.0
Total Offered:	24,039 (22,986)		

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

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