

King Edward's Hospital Fund for London.

Report of Meeting of Council.

HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER, presiding at a Meeting of the General Council of King Edward's Hospital Fund for London at St. James's Palace in December, referred to the Hospital Administrative Staff College, established by the Fund at Palace Court, Bayswater, and said that it was hoped that a Government scheme would shortly be launched for the selective recruitment and training of hospital administrative staff on a national basis. The intention would be to help to provide the Hospital Service with well trained administrators who would be competent to fill the senior administrative posts in years to come. The Fund's Staff College was expected to play an important part in the training of these student administrators who would be selected from those younger officers in the hospital service who are showing promise and from university graduates and other entrants with professional qualifications. Subject to the consideration of certain points still to be settled, the Fund would be happy to use the resources of the Hospital Administrative Staff College to assist the scheme and His Royal Highness felt confident that the Staff College would be able to play a useful part in the light of the experience it had gained since it was opened in 1951.

"There is no diminution in the other work of the Fund," the Duke said. "A large number of grants have been made to general hospitals and to convalescent homes. The report of the Sub-committee on mental hospitals and the allocation of £250,000 over three years has, as we expected, resulted in a number of applications for grants and it will not be easy to decide to which of these projects priority should be given. All the special activities launched in the last few years are I hope making a useful contribution to the hospital service. Evidence continues to reach us for example of the help the hospitals are getting from our efforts to promote improvements in hospital catering, and month by month we are sanctioning grants to help hospitals to improve their kitchens, to provide trolleys and so on. Just recently the Division of Nursing has, in co-operation with the National Institute of Houseworkers, organised a short course for domestic supervisors in hospitals, and response received has shown that this, too, is meeting a real need. There have been over 80 applications for 14 places on the course and it seems clear that further courses could usefully be arranged."

Dr. G. F. Abercrombie, Chairman of the Emergency Bed Service Committee, in making a statement on the work of the Service, said: "In 1938, general practitioners in London received a neat card to say that if they would ring a certain number and give details, a new department of the King's Fund was ready to help them to get their urgent cases into hospital. The idea was so successful that, ten years later, the Emergency Bed Service was dealing with about 13,000 applications a year. When the National Health Service came in, that number was immediately doubled and soon redoubled, and today the Service, which is open day and night and which dealt with its 500,000th application last January, expects to receive about 65,000 applications each year.

"Eighteen months ago, the head office and its four outlying branches were brought together in specially designed accommodation in Fielden House, London Bridge Street, and Your Royal Highness honoured us with an informal visit. More recently, the Minister of Health, and some senior members of the medical profession, accepted invitations to see the Service at work, and we frequently invite general practitioners, Regional Board officers, matrons and housemen, the last particularly at the beginning of their appointment.

"Twenty-seven minutes are required on an average to see a successful admission through from the general practitioner's initial call to our request for transport by ambulance. The

busiest day ever recorded was December 9th, 1952, at the time of the great fog, when 564 requests for admission were received in 24 hours: 72 of these were for infectious disease, and as such cases are comparatively easy to admit, we do not include fevers when calculating our percentage of success. The remainder are called 'general acute' cases, and form the great bulk of the work. The daily totals of these cases vary so much that we prefer to use a weekly total, calculated each day and plotted as a graph.

"We have two methods to meet crises. Firstly, any individual patient, for whom no bed can be found, may be submitted, through a medical officer specially appointed by the Regional Hospital Boards to the medical referee of that patient's Hospital Management Committee, for immediate admission. I should like to emphasise here that every patient, represented to us as in urgent need of treatment which can only be obtained in hospital, does go in. Secondly, we have an elaborate warning system, calculated from the weekly total and based upon the percentage of admissions to applications; in other words, upon our percentage of success. Having set aside all admissions through the medical referee procedure—all those 'forced in' as we say—then, if the percentage of success falls below 85 a white warning is sent to all hospitals. This is a purely precautionary signal, saying in effect, 'E.B.S. is hard pressed, and may be in serious difficulties in a day or two.' If the percentage falls below 80, the warning is yellow, and if below 75, red. These are urgent calls for help and mean, 'The situation is serious. The resources of the Service are rapidly being exhausted, and for one patient in five . . . or even for one in four . . . no bed can be found.' On receipt of these warnings, hospitals take their pre-arranged action to provide more beds, and as a result of this co-operation, our percentage of success has not fallen below 80, since the influenza epidemic in February, 1953.

"This instrument, therefore, the Emergency Bed Service, originally designed simply to save the time of the busy general practitioner, and to direct his patient to an appropriate hospital, has now become an absolutely indispensable link between the two great partners in the medical service of the City. But that is not quite all. The changing weekly total, as I have said, is written up each day, and as winter approaches, all eyes turn to the writing on the wall. What does it portend? What will tomorrow bring? This graph is considered by experts at the Ministry of Health to be the most sensitive index they have of the rise or fall of sickness among the people of London, and so the Emergency Bed Service has acquired a new function, namely, to give the medical administrator timely warning of trouble ahead.

Training Films Aid Nurses, Medical Students.

A SERIES of medical science films for trainee nurses and medical students is obtainable from the G.B. Film Library, Perivale, Middlesex.

Full details of these and over 1,000 other 16 mm. films and filmstrips are given in the new G.B. catalogue of educational films.

Six films, produced with the help of staff and patients of plastic surgery units of the Ministry of Health and the Ministry of Pensions, deal with techniques in plastic surgery. They show primary repair and secondary sutures, free grafts, local flaps, direct flaps, tubed pedicle flaps and chip bone grafting.

Primarily for nursing students, one film is designed to instruct nurses and other hospital workers coming into contact with patients suffering from infectious diseases. This film shows, by example, how germs contained in various types of body discharge can be carried and spread from one patient to another.

Among films for medical students are two dealing with Artificial Pneumothorax and Bronchography.

[previous page](#)

[next page](#)